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A HOSPITAL CHRISTMAS.

The Hospital of the Good Samaritan.

My Dear Margaret,—If this letter presents a blotted and tear-stained appearance pray do not fondly imagine that my emotions have become uncontrollable. I am writing to you from the measles section, thereby infringing upon the strict rule that no letters shall be sent from the isolated sections and an accusing conscience has prompted me to sprinkle these pages with carbolic solution (one in twenty) as a sort of propitiatory libation to the powers that be.

You remember that, in my last letter, I told you I was on night duty. When my two months term was drawing to a close Christmas was getting very near, and I had all sorts of delightful plans and anticipations for I fully expected to go on day duty in Ward Five. You can imagine my dismay when I saw my name figuring on the board under the dismal heading of "Measles Section." Diphtheria or scarlet fever would not have been so bad, but measles! at Christmas time.

The worst of it is that I have been on "special duty"—that is to say, there has not been any need for another nurse in the section. Fortunately no one has been very ill, except the baby about whom you will hear more later.

When I first came over I never felt more melancholy in my life. Miss Peters, the outgoing nurse, showed me round and then rushed off joyfully to carbolize. The section is a cheerless sort of place at best, and the worst old chairs and tables from the main building spend their declining days here. The one redeeming feature is a big fireplace in the woman's ward. Curiously enough my patients were nearly all grown up—five great bearded individuals from a railroad construction camp in the men's ward; a gilded youth in solitary grandeur in the private ward; Marika, a very stolid Galician child, and the baby in the woman's ward. None of these were really ill except the baby, who was one of those sickly city-bred children who remind one irresistibly of a half fledged gosling. As Christmas drew nearer she grew weaker every day. Even the men noticed it and I caught one of the roughest of them stroking the sunken cheeks with a huge forefinger, and looking very much ashamed of being detected in such weakness.

By Christmas week everybody else was convalescent, the gilded youth's rash had faded and his eyes had stopped watering and consequently he was inclined to be amiable, not to say flirtatious. I must acknowledge that he was a handsome youth, but I remembered your lecture on the subject and

turned a basilisk eye upon him. Ever so many devoted friends, male and female, came up to enquire for him, and one besotted damsel stood every day in the snow beneath his window for a glimpse of the beloved. If her affection can withstand the test of seeing him enveloped in a grey dressing-gown, with his head tied up in a fomentation (for his ears have been aching dreadfully) it must be strong indeed.

Christmas Eve proved a day long to be remembered. My troubles began early—while I was taking the morning temperatures, indeed. I gave Marika the thermometer under her tongue as usual and came back in a few minutes to see whether it had registered. To my horror the bulb was gone, although she still held the stem in her mouth.

"Did you swallow it?" I asked apprehensively.

"Yes, missus," wailed Marika and began to cry tempestuously with her hands clasped over her stomach. I rushed to the telephone and called the house surgeon, who arrived on the scene a few minutes later rather irritated at being disturbed at his morning meal. His ideas regarding the effect of crude mercury on the Galician system seemed to be nearly as vague as mine. Meanwhile Marika's howls rose to heaven and finally, in desperation, the house surgeon told me to give her a dose of mustard and water. Poor Marika's next half-hour was miserable indeed, and, to cap the climax, after she had subsided into comparative quiescence she pointed to a crack in the floor; there reposed the bulb—she had never swallowed it at all! I think, however, that the mustard and water must have had a beneficial mental effect for she has been much brighter ever since and even volunteered to wipe the dishes for me later in the day—a quite unheard of procedure up till that time.

About dinner time the assistant superintendent brought over some fir boughs, holly, and crepe paper for us to use for "decorations." The men were very enthusiastic and set to work to make paper chains and flowers with great energy. The baby took up most of my time, but about five o'clock I went in to see how they were getting on. They had managed to make a huge germ, out of purple paper, with bright green legs, which work of art they had mounted on cardboard and framed with cotton batting. Printed underneath in straggling letters were the words, "God Bless Our Home." I hadn't the heart to look severe and it wasn't very probable that the authorities would notice our poor little decorations anyway, so the germ was accorded the place of honor over the fireplace.

The gilded youth had been very melancholy all day and had taken no interest in these festal preparations. His own friends did not come up until late, but when they arrived they brought some beautiful flowers and all sorts of good things to eat, which the youth, like a good sportsman, turned into the common fund.

After tea was over I grew more and more anxious about the baby. Her pinched little face looked more ghostly than ever, and her breathing was very labored. The house surgeon had been trying to get her mother all afternoon—the poor girl works in a cheap restaurant—and late on in the evening she came. By this time the baby was so ill that the house surgeon

told me to let her mother come into the section, for it was probably only a matter of hours and she could carbolize before she went back to work again. So she came in, and took the baby from me almost fiercely, and huddled down in the old brown rocker in front of the fire and began to croon to her. I built the fire up to a glorious blaze and persuaded the poor soul to drink some hot cocoa. In the men's ward they were singing "Oh, where is my wandering boy to-night?" to a subdued mouth-organ accompaniment, and with great stress on the tremolo. Marika, who had been given a doll from the Christmas tree in the main building, was blissfully absorbed in maternal cares, and the gilded youth was in his room demanding frequent fomentations.

By ten o'clock everything was quiet. The house surgeon came in, looked at the baby, frowned and went out again. I suppose his face betrayed his thought, for the poor woman clutched my apron and asked me whether the baby was going to die. In some strange way, as I looked at the little face I felt that the baby was not going to die. House surgeons notwithstanding, that baby was needed in the Scheme of Things and she was going to live, and Margaret, she did. About eleven her breathing was much better and her whole condition seemed to have changed. I was so excited that I forgot all about Christmas and the first mingled sound of bells and whistles startled us both. I looked at the mother as she sat outlined against the blaze with her brooding eyes fixed on the child on her breast. The old miracle was wrought anew, Christmas was come to us in the form of a little child—the baby was fast asleep.

It was hard work to be decently amiable on Christmas morning for I was awfully tired, but the baby was so much better and the men were so interested in the preparations for a gorgeous dinner that I had perforce to forget my own troubles. We spread the table in front of the fire and the youth let me have all his flowers wherewith to make gay. Marika scoured the knives until they sparkled, and the youth condescended to polish the glasses. The mail from home came in during the morning and made me feel a bit choky, but I pushed it out of sight until I could be alone to open it.

At noon the dinner was sent up—such a turkey, and such a pudding; there were even "soft drinks" and cigars. The youth took the head of the table and tried hard not to shudder at the dreadful table manners of his fellow guests. Marika insisted on his kissing her doll between courses which he did with a fairly good grace. In the middle of our festivities the lady superintendent came in wrapped in a wet carbolic gown, and smiled benignly upon us. I know she saw that dreadful germ and the still more dreadful legend inscribed below it, but she never said a word. So much for the Christmas spirit.

The afternoon slipped away so quickly that it was dark before one realized it. I had looked at all the things from home, read all the letters, and felt that surely there was no more need of wearing a mask of cheerfulness, for I had been virtuous all day. Then suddenly I thought I must be dreaming, for I heard a quartet of voices singing "God rest you, merry gentlemen." But no, it was real, for I heard the men crowding out into the

corridor to hear better. The singers were in the outside porch of the building and both we and the diphtheria section could hear them quite plainly:

"God rest you, merry gentlemen,
Let nothing you dismay;
Remember Christ our Saviour
Was born this Christmas Day."

Then I was sure that the day had been good, for wasn't the baby going to get better, and as for the men, they said they had never had such a happy Christmas. So what right had I to spoil it all by relapsing into the doleful dumps?

Sitting in the old brown rocker with the baby, I fell to wondering about the mother with whom I had kept vigil the night before. She had carbolized and gone away in the morning, for "the restaurant was short-handed and they'd have a hard day." To what end had the baby been saved? Who can tell? We get such tantalizing glimpses of each other's lives, then "darkness again and a silence."

The gilded youth peeped in at the door. "Did you want another fomentation?" I enquired mildly.

"No," said the youth explosively, "I want a human being to talk to."

"Will I do?" said I.

"I suppose you'll have to," said the youth grudgingly, calmly seating himself before the fire and gazing gloomily up at the germ. The mouth-organ took a new lease of life and began that most mournful of ditties, "The Cowboy's Lament," and the voices joined in:

"Take me to the prairie and spread the sods o'er me,
I'm but a poor cowboy, I know I done wrong."

I grinned cheerfully at the youth but he didn't see the humor of the thing at all.

"Has it been a very bad day?" I enquired, for I did feel sorry for him.

"Yes," said the youth concisely; "how could it be anything else shut up here with a lot of yaps?"

"Thank you," I replied feelingly. "Hadn't you better have another fomentation? I'm sure your ear must be aching dreadfully."

The youth got up and walked to the door with as much dignity as a rather short dressing-gown would permit. I couldn't resist a parting shot. "It was awfully nice of you to kiss Marika's doll," I murmured. He turned and contemplated me with contempt, but there was a lurking twinkle in his eye. "Hang Marika, and her doll," said the youth. And so ended my Christmas Day.

E. J.

A SUGGESTION AS TO HOW SKILLED NURSING MAY BE SUPPLIED TO PEOPLE OF MODERATE MEANS.

Very much is being done to-day, as we all know, to alleviate the ills attendant upon sickness, pain and weakness, wherever found. Hospitals, sanitoria, etc., are springing up in all centres, and in them all classes find relief, from the very poor who can afford to make no return for the services

rendered them, to the very rich, who can afford to and do pay for every attention and care given them.

But hospitals can only receive the few, in comparison to the population, large as their yearly number of patients may average, and the great majority must perforce remain outside the hospital walls and depend on relatives or friends, who often are already overworked, for the nursing that must be given, for truthfully speaking, the greater number of people cannot afford or can very ill afford to pay the fee that a trained nurse must, in justice to herself, charge when doing private nursing. As we all know there are now only too many cases depending for nursing on relatives and friends who, in spite of, or perhaps often because of, the love of these same friends and relatives, do not make anything like the speedy or satisfactory recovery that they might, could they afford to engage skilled nursing during their illness.

Outside the hospital we may divide the patients that for one reason or another must be treated at home, into three classes: First, the very poor, corresponding to our free ward patients; second, those who are able to pay a moderate fee to the nurse, corresponding to the patients in screened beds or semi-private wards; third, those who can afford to pay the ordinary nursing fee. Each of these classes may be sub-divided as requiring two distinct kinds of nursing, viz.: First, hourly nursing; second, continuous nursing. It is in regard to classes one and two that this article is written, especially class two.

For example, in the city of Toronto the need for hourly nursing is being wonderfully well met, for we have no less than four nursing societies, all of which charge where possible, a fee according to the financial standing of the patient or his family, and in the case of real poverty and distress give their services free. I allude to the Victorian Order of Nurses, the Nursing-at-Home Mission, the Nursing Mission, and the St. Elizabeth Nursing Association. But as regards continuous nursing for classes one and two there has been no provision made. As a rule, in conditions requiring continuous nursing, class one fares better than class two, for it is a well known fact that those who suffer most for lack of many material comforts and actual requirements during sickness are not the very poor, for so well organized are the various relief societies now, especially in the larger centres, that the very poor receive more attention than is often supposed. But those who often do suffer most are those whose incomes are very limited, for they are those who will never ask for help no matter how great their need or distress may be, but who are ready and willing to pay for help as far as it lies in their power. It is only too often that the financial worry of an illness will retard convalescence, and also often that we find families who under ordinary circumstances live quite within their means, when a siege of illness has visited them and all is well again, are burdened by a debt that takes them months or longer to pay off. For this condition of affairs there must be some help, for we know that "there is never any great need in the world without a possibility of supplying that need."

In the last February number of the *Canadian Nurse* there appeared an

article by Miss F. L. Nieman, Grand Rapids, which had been read before the Michigan State Nurses' Association and which deals with this question in a very practical manner. She says: "There is never any great need in the world without a possibility of supplying that need," and then continues: "It is evident that skilled nursing is needed in many a workingman's home. The question then is: How can that need be supplied? Every laboring man or woman, no matter what his race, condition, color or creed, belongs to some church, some society, some club or some mission. Let each member pay according to his or her ability a fee to his church or club, whichever it may be."

Using Miss Nieman's idea as a nucleus, I would suggest the advisability of approaching the different life insurance and accident insurance companies, also possibly the various lodges and labor unions, and making them understand the business possibilities that a nursing policy may have. Just as an accident policy is issued, may not a policy covering the cost of nursing, whether hourly or continuous, by a skilled nurse, be issued? In that way by the payment of a small premium, monthly or as arranged, the tax would not be felt, and then when the need for help came, as comes it does to us all at one time or another, the help would be there, and be theirs by right of the payment of their premiums, and any idea of receiving charity, so distasteful to so many and so willingly taken by those with less honorable feelings, would be completely avoided, for properly managed the insurance companies, etc., could make of this a profitable branch of their institutions.

The question might arise, why when there is already such good provision made in the city of Toronto for hourly nursing, should hourly nursing be included in the policy? A moment's thought will give the answer. Because it would be difficult to get and unfair to ask people to take out a policy such as suggested, should it only insure them in case of need of continuous nursing, and should hourly nursing be sufficient they should then in addition to their premium have to pay the fee of the hourly nurse. Also another reason: there may be few centres so well supplied with Visiting Nurses' associations as Toronto and the suggestion given in this article is hoped to apply not only to local conditions but to the population at large.

Some might raise the objection that they might go on year after year paying the premium and getting no material good from it. Just so do we get no material benefit from our fire insurance premiums or accident premiums unless we are so unfortunate as to have a fire or an accident, but how much more secure and free from care do we feel having that protection! But even this objection might be overcome by having the policies made somewhat on the same plan as many of the life insurance policies are now being made, viz., twenty-year accumulative policies or something on the same line.

Once this system is fairly established the question may arise: Will there be a large enough number of nurses to supply the demand and whence can they be secured? Of course each company would naturally make their own arrangements, but the most rational idea seems to be that for continuous nursing they would be supplied as they now are from the different

graduate nurses' registries, and for hourly nursing from one of the district nursing associations. In all cases the order for the nurse to come from the physician attending the patient, and he to decide whether continuous nursing or hourly nursing is necessary, except in the case of obstetrics, where unless complications arise, hourly nursing as now given by the Victorian Order and other nursing associations and found to be satisfactory, be continued. This is obviously a necessary restriction, if the reports of the number of such cases treated by the various missions be considered, for should a permanent nurse be supplied each case, there might then be a difficulty of supplying the demand. It is proposed that the following suggestions be sent the various insurance companies, etc.:

As everyone knows, there is a great need for skilled nursing in the homes of people of moderate or small means, at a much lower rate than that which for obvious reasons, in justice to herself, a trained nurse must charge.

In the larger centres the need for hourly nursing is met by the various nursing missions, as the Victorian Order of Nurses, etc., but so far there is nothing to supply the need for continuous nursing on the same lines.

It is therefore hereby suggested that the various insurance companies, whether accident or life, also possibly the various lodges and labor unions, could profitably introduce a new branch into their systems and by so doing supply an urgent demand.

By this is meant that they add to their systems a department for insuring for nursing needed in cases of illness where the patient is not taken to an hospital or institution. This nursing to be sub-divided, according to the discretion of the attending physician, into hourly or continuous nursing.

An arrangement might be made with the various nursing missions, as the Victorian Order, etc., to supply the hourly nursing. For continuous nursing the graduate nurses' registries would supply the nurse.

Should at any time such a contingency arise that no graduate nurse or nurse supplied by the nursing mission be available, provision must be made to supply the need by untrained nursing till such time as trained nursing be again available.

Following are a few additional suggestions:

Policy to be somewhat on the same lines as accident policy or sick benefit

Policies might be issued on something like the accumulative plan of the life insurance companies.

Policies may be either individual or family policies.

Policy holders to hold forms that must be filled in by attending physician and should be recognized by nursing bodies with whom arrangements have been made, and who are authorized to supply the nurse.

Limit of number of weeks or months policy holder is entitled to a nurse must be specified in the agreement.

Nurses to have their accounts settled by company issuing the policy, not by policy holders.

No obstetrical cases to be included under continuous nursing except in cases where complications have arisen, but to be considered as cases requiring hourly nursing.

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NURSING ETHICS.

In taking up the subject of Nursing Ethics, I would like you to understand that I by no means claim for myself the ability to say the last word in the matter. The subject is so large and closely intertwined with modern progress that it must be constantly changing. As our ideals become higher, our perception of truth is keener, our insight into the realities of life grows deeper, our perception of the ethics of our profession must change in accordance with advancing thought and knowledge. All that I can do is to give you some of the thoughts that have come to me as my feet have trodden the path of a nurse's life during the last few years. I may have a little more experience than you have and it is the essence of that I would give you, in part payment of the debt I owe to those nurses who made it possible for me, by their teachings and demonstrations, to become a graduate nurse.

The word "Ethics" is defined as the "Doctrine of Morals." Then Ethics of Nursing must mean the doctrine of nurses' morals. It is just here that the final test comes which proves you will be a first-class nurse or otherwise. You may be a good student, a good observer, a good worker, quick to apply knowledge to practical uses and still fall short of success. Why? Because in your makeup there is lacking high moral tone, if you have it not and are not willing to pay the price of obtaining and the still greater price of practising it, you can set but one result before you and that is utter, absolute failure. There are not two paths here to choose between, either one of which will give you a desirable result. One path leads in one direction and the other in the direct opposite. You will not have taken many steps upon either before you will know with a reasonable degree of certainty which one you are treading. This is a matter where you must stand alone, none other can give you the moral strength that will make you do your work at all times, in all places and under all circumstances the very best that you know how. That means that every detail, no matter how trifling it may be, is done always to the best of your ability. This applies quite as much to cleaning bathtubs and bedpans as operating tables and instruments. A dirty bedpan is quite as much a source of danger as dirty instruments and there is no more excuse for one than for the other, the nurse who will shirk one will shirk both. It does take high moral tone and great devotion to duty to so practise your profession. Time after time the temptation will arise "who will ever know if I do such and such a thing." There is always one who knows and that is yourself, if your conscience can let you do things of that kind and not make you uneasy then you are well on the downward path. It is in connection with this question of work and how it shall be done, that the distinction between trades women and professional women will probably settle itself. In a discussion that once took place the question was raised whether nurses were professional women or not. Some said "Yes," some said "No," one said it was a "Job." It was then suggested, and the point is a good one, that the women who work for the dollars the end of the day will put into their hands, and who

*Lecture delivered to the Pupil Nurses of the Lady Minto Hospital at New Liskeard.

have no other object in view, are laborers and are reducing their profession to a trade, the money settles the whole thing, while those women who work for the work's sake, because it has become a part of their nature, in doing their work at all times to the very best of their ability find the path to the attainments of their ideals. The women who work for work's sake and take the money at the end of the day, because our present day social conditions render it impossible for them to live without money, these women are professional women. The distinction between the two is very great and I cannot impress upon you too forcibly the idea of work for work's sake and for nothing less. When your work is done in any other way it is only half done, so that you are doing two things both of them undesirable, one is a positive injury to others and the other is forming the habit of slipshod work. Each time you do a thing not quite as well as you know how by just so much are you forming a careless habit and one that is certainly going to give you trouble in the future. Each time you do a thing try to do it better than the last time and make that a habit of your life; then, and not till then will you know the joy of the worker, the intense satisfaction that comes from work well done. Take my word for it and try for a while, earnestly and conscientiously give it a fair and square trial and I am not afraid to say that the joy and satisfaction which it will bring will more than compensate for any extra work you may do when you are tired and would like to shirk, then, bye and bye the habit will be formed and all your work will be done in just that way, because it has become second nature to you to do it so and success will be yours.

Success. What is it? Success is the attaining of your ideals. If your ideal of nursing is to fill your purse then you will succeed or not according to the number of dollars and cents you put into your pocket. If your ideal consists in sliding through life with as great ease to yourself as possible, then by just as much as you can shirk and not apparently feel the consequences do you attain your desired ends. But beware the consequences; they are there, for the law of cause and effect never fails, it is surer than any law of the Medes and Persians which we are told "altereth not," and surely you will reap as you sow though you may not appear to be doing it. If on the other hand your ideal is the highest, by just so much as you attain to it will be your meed of success. What is the highest ideal for a nurse? That is a question I cannot answer. I can tell you what my highest ideal is to-day, but in the light of to-morrow's knowledge it may have changed. My first requisite is perfect self control. By this is meant the power to control both tongue and temper, no matter how trying the circumstances, no matter how great the provocation and no matter how tired one may be. Control of the tongue that at no time does it ever betray the professional secrets of its owner's mind or indulge in gossip or unkind remarks about other people. Control of the judgment; the power to look at every side of the question, size it up and reach your own conclusion coolly and after consideration, not to be hurried into an erroneous or unjust decision by personal feelings of any kind. Always to carry a smiling face; no matter what may be hidden by it, always to see the patient as a suffer-

ing human being; who demands and has every right to get your most gentle care. To see in his friends and relatives other human beings in great trouble and distress, to remember the time when the same circumstances have been in your own life, watching over a dangerously ill loved one, and to realize that as you felt then they feel now. To look at every human being through the spectatcles of love, seeing in them only some one to whom a helping hand can be given, a word of encouragement spoken or perhaps only a smile, remembering the parable of the cup of cold water. Control of the physical body; it must be the servant, not the master and when work is to be done it must be trained to obedience to orders from headquarters. Control of the appetite; temperate in all things, and when amid dirty and disgusting surroundings not a trace of your feeling shall appear in the face, but the meal be eaten as calmly as under other conditions. Control of the face at all times; that no thought which the mind harbors may find expression there unless the owner so wills it. Control of the mind; that the mental faculties may never cease to think about and reason over every trifle that comes under observation and never to rest until the cause is discovered. Such control of the mind that it is at all times a student and to be a constant student of what others have written. These are some of the essentials of perfect self control. The power to work for work's sake and not for the remuneration there is in it and thereby learn the true joy of the worker. To be gentle, courteous, tactful, kind, sympathetic and thoughtful practising these virtues with true love for humanity to point out the way.

There is a question that always arises to trouble every conscientious nurse more or less and that is the question of remuneration for services. In deciding such matters it is best to look the matter bravely and honestly in the face. It presents itself to me in this light. Taken as a whole, there is no class of women workers so highly paid as nurses, there are, of course, some exceptions, but as a class nurses can command higher pay than other women, in consequence of which, the public expects, and has a right to get, a proportionately high class of service. A patient naturally says: "I am paying $18.00, $20.00 or $25.00, as the case may be, and what am I getting in return?" Now the nurse who works only for the dollar is never going to satisfy that patient that she has given service equal to the remuneration demanded. The nurse who works for work's sake and goes into a family with but one object before her, viz., that of being a comfort to every one in the house as well as to her patient, is going to give such service that when settling up time comes she will be paid cheerfully and willingly. In many cases the patient will fully understand the fact that the nurse who does her whole duty, gives sympathy, kindness and all else that goes to make up a good nurse can never be paid in dollars and cents. The nurse who fails of performing her whole duty shoulders a grave responsibility. In the first place she is not giving her patient a square deal, she is taking something from him for which she is not giving an adequate return; a form of stealing for which there is no legal penalty. Then, too, she is being false to all the best standards of our profession and brings down censure

upon all other nurses, for we stand or fall all together. She is reaping the fruit of good work done in the past by those nurses whose faithful devotion to duty has made possible our present high fees and she is doing nothing to keep the foundation solid for those who will come after her. Another side to the question of fees is the poor patient, and there are many of them. What is going to be your attitude toward them? If you are a true nurse there is but one thing you can do—give them the very best service you are capable of, remembering that your motto is work for work's sake. When settling day comes, talk the matter over quietly and gently with your patient, find out what he can pay and be satisfied with it, but always make it clearly understood that you are not getting full fees. The nurse who speaks in a business-like way of such matters, generally commands the respect of her patients, and always try, whenever possible, to leave your patient satisfied with that most important matter, to him, your bill.

There is no branch of a nurse's work where her own conscience must be her guide as in surgery. There is practically nothing to show whether the work has been thoroughly done or not. The word of the nurse must be taken, the surgeon has no other resort and it is quite easy for the nurse to say she has thoroughly cleansed the operating room when all she may have done is to clean off the surface dust. Who is going to know whether you have thoroughly cleaned each basin, bowl, pitcher and pad and all the other essentials of an operating room? But when the patient dies of blood poisoning it must make her life miserable. The nurse has it in her hands to ruin every piece of work the very best surgeon who ever took knife in hand can do, and the responsibility is an awful one. He comes to do his part and must take on trust that every article in the operating room is as free from bacteria as it is possible to make it. Only the most thorough care down to the most minute details can make an operating room surgically clean. When your work is well done and your patient makes a good recovery, normal temperature, primary union of the wound, is there no compensation for the work? Verily, I think so.

In medical work the place for shirking, if a nurse is so inclined, is in her powers of observation. I have heard the remark made e'er this: "Why the patient was dying right under her nose and she never knew it." Unfortunately it is often too true. The power of observation is one that a nurse cannot cultivate to too high a degree. Make your eyes, ears, sense of smell and touch all work for you as observers. There is no place where your eyes can do more for you than observing the expression of the face. Often it will tell you before even pulse or temperature that something is wrong, and rouse every faculty within you to find out what is going on. An unusual brightness in the eye, a flush on the cheek, the lines of pain in the forehead, the drawn look about the mouth each and all have their tale to tell to one who can read the handwriting. An unevenness in the breathing can be seen before it is heard by one who is quick to observe. The sense of smell will tell you volumes if you will cultivate it. The characteristic smell of a typhoid stool, the normal odor of the lochia, the offensive odor of the urine, the peculiar odor preceding death, the odor of a tubercular

patient all tell something to the trained observer. It is little short of marvellous what can be done with the sense of touch; how these finger tips can be made to observe! It is told of Dr. Osler that a great deal of his wonderful success is due to the extreme sensitiveness of his fingers. He can discover by his sense of touch what another man can only find out by long and difficult diagnosis. It is good practice putting your fingers on the pulse and without looking at your watch see how nearly you can guess the rate. But let me add that a pulse taken in that way must never be recorded, all records must be strictly true. Many, many times such knowledge will be of use to you. Your fingers on the back of a new born infant should tell you immediately what the lungs are doing. In cases of lung trouble it is quite easy to feel the grating of the lungs by putting your hand upon the upper part of the back. There is but one way to find out the temperature and that is with a thermometer, but your sense of touch should often rouse you to the fact that the patient is warmer than usual, then you can find out positively by means of the thermometer. I might go on indefinitely. Shall I tell you what is the greatest hindrance to observation? It is lack of concentration of the mind upon the matter in hand. If your mind is occupied in thinking about the last dance you were at or who will be your partner at the rink the next time you go, there is very little doubt that the patient may have a very hot skin or a flushed face but you will know very little about it. The power to concentrate the mind upon the matter in hand is one of the very greatest achievements that any one can obtain. It does not come easily, it is one of the prizes of life that have to be worked for, and it makes possible Florence Nightingale's command "to be quick without hurry." One of the most difficult things I know of. Chesterfield says: "There is time in the twenty-four hours for all that there is to do if but one thing is done at a time, but there is not time in the whole year for what is to be done if two things are done at a time." He is speaking of keeping the mind fixed upon the matter in hand, not to allow the hands to be at work while the mind is off at the other end of creation.

The nurse in relation to the physician is an important point in matters relating to ethics. The physician is your professional superior, no matter what he may happen to be in any other respect. You may be perfectly well aware that socially and morally you are his superior, that makes no difference, in matters professional he is your superior. Consequently you owe him loyalty and obedience. When he is giving you orders you are quite at liberty to ask as many questions as you like to make certain that you understand exactly what is wanted. Then carry them out to the best of your ability, using every bit of knowledge, experience and ability that you have. All your statements to him should be perfectly truthful, a most difficult thing to accomplish. It is your part to observe symptoms and report them and the difficult part of being truthful is to report them without any color from your own opinions and thoughts about the patient's condition. Only the most rigid regard for truth can enable you to do this, but it is the ideal which you should hold before you. "To observe truly and report truly that which you have observed." Next to obedience to orders comes loyalty

to your superior officer, which means that in all your conduct, talk and influence with both patient and family you do your best to increase his influence, loyal in thought, word and deed. No criticism of his treatment or himself personally, no gossip about his private concerns if you happen to know any. No telling how he treated another case you had for him, in fact no discussion about him at all if it can be prevented. I have often heard it asked: "How far shall loyalty to the physician carry us?" It is a difficult question to answer. My own rule is to be perfectly loyal to the physician in charge of the case until in defending him I have to tell a lie, then I consider the moral law of much greater importance than the professional one. Under no circumstances is a lie ever justifiable, nothing can make wrong right and a lie is always wrong. If the physician chooses to pursue such a course as to lay himself open to the charge of ignorance or neglect, or perhaps both, that is his own affair and he must reap as he sows, for such is the law. It is equally your affair to see that you do not aid or abet such a course and when it is necessary to tell a lie it is time to call a halt.

What your attitude towards your will be patient must be decided by your own character. He is entitled to your utmost care, sympathy, and gentleness, in fact to the very best of everything that you have in you. To give your patient what he has a right to receive calls for the greatest unselfishness and devotion to duty on your part. His interests should always be considered first, under all circumstances, and there is no personal taste, habit or peculiarity of your own that you will not at some time be called upon to put aside. When you go into a family there should be but one idea in your mind, that of being a help and comfort to every one there, to efface yourself, your own wants and wishes completely, and adapt yourself to their ways, not make them adapt themselves to yours. You should refrain from criticism of every kind about what you see, and never, never should you be guilty of telling the troubles and cares of the people amongst whom you are thrown. Remember always that your services are required only by those who are in trouble and helpless and if you have any of the milk of human kindness in your makeup you will realize how mean it is "To kick a fellow when he is down." The patient is very much "down" and at your mercy and should appeal to every instinct of protection and care that you have. It takes a good deal of the "Mother instinct" to be a nurse, and it is to that instinct chiefly that the patient should appeal. Always have your own way in matters that are of any moment and this is the more easily accomplished if you have been yielding in little matters. Never take the "upper hand" with a patient, for nothing so quickly and completely alienates another as the idea that they are being "bossed." Have your own way but do it in such a manner that the patient will think he is having his, or when you have won his confidence he will willingly yield to your judgment and you will have no trouble. This confidence is only obtained by being worthy of it. When the patient realizes that you are sincerely working for his good and that that is your first object, then he gives you his confidence, but never otherwise.

One point in regard to patient and nurse that is seldom spoken of, but is really important, has to do with the sex question. This should be looked at bravely and squarely. No nurse should permit herself through false modesty, or still more false idea of "Innocence" to remain in ignorance of any of the facts in regard to the sex principle in nature. It is perfectly pure until the minds of men and women make it otherwise. It should always be remembered that it is strongest in men, and when a man is sick you should hold it in mind that you are the strongest, for the time being, and should therefore be most careful never to give offense; never at any time permit your patient to take the very smallest liberty and never touch him yourself except when your work makes it necessary. The only way to protect yourself from yourself is by control of the mind, the very instant an undesirable thought makes its entrance into the mind that very instant should it be expelled, forcibly and with determination. In these matters the mind controls the body absolutely in both sexes.

Nursing Ethics, of course, includes the conduct of nurses. There is nothing too good for the nursing profession in the way of character, education, refinement and true culture, and nursing, if done in the right way, will serve to ennoble the most noble of characters. The first essential is absolute truthfulness (you will remember Florence Nightingale's dictum) and tact. Perhaps it may seem to you that tact and truthfulness are in opposition and so they are, until courtesy steps in and forms a link between them. If you will form the habit of always speaking with gentle courtesy, truthfulness and tact will fall into line without any friction. I suppose it is hardly necessary to warn you against the use of drugs or alcohol. Make a rule each for yourself, and never deviate from it, that not a taste of alcohol or an atom of any narcotic enters your system at any time, except by a doctor's order and then see to it that it is as little as possible. A nurse should always be quiet both on duty and off it. I think there is no class of women so open to comment as nurses. They are obliged to live so outside so many of the conventionalities of life and they live so much among strangers that they are in a particularly vulnerable position, and it is only by being most circumspect that they can avoid gossip. Her dress should be quiet, though it may be of the very best materials, she should not be seen gadding the streets nor too often at places of amusement, and if she is a wise woman she will not often be seen in public with doctors or male patients.

You will notice that all through my lecture there is one thing always to the front, it runs through it like a thread upon which beads are strung, and that is the golden thread of character. It is the keynote of a good nurse. You will remember what Dr. Weir Mitchell says, "that to be a good nurse it is necessary first to be a good woman." In closing I would like to quote to you from an old Hindu poem the most exalted list of characteristics that I know of. Keep them, study them, try to live up to them and your life as a nurse cannot be all failure. The poem is many centuries old and is a dialogue between Krishna, the Supreme Diety, and Arjuna.

Prince of India. Arjuna has asked what are the signs by which to tell those who are set apart for heavenly birth and Krishna tells him:

Fearlessness, singleness of soul the will
Always to strive for wisdom, opened hand
And governed appetites: and piety,
And love of lonely study: humbleness,
Uprightness, heed to injure nought that lives,
Truthfulness, slowness unto wrath, a mind
That lightly letteth go what others prize;
And Equanimity, and charity
Which spieth no man's faults; and tenderness
Towards all that suffer; a contented heart
Fluttered by no desires: a bearing mild
Modest, and grave, with manhood nobly mixed
With patience, fortitude, and purity;
An unrevengeful spirit, never given
To rate itself too high;—such be the signs,
O Indian Prince, of him whose feet are set
On that fair path which leads to heavenly birth."

MARY N. ROEBUCK,
Graduate Toronto General Hospital, Class 1898, New Liskeard, Ont.

AN ADDRESS.*

Mr. Chairman, Ladies and Gentlemen,—The sight of a graduating class is always a source of pleasure, when one thinks of the long course of training, with years of striving after what, then, appeared almost unattainable, that now, at last, their hopes are about to be realized, in the receiving of the seal of approval of their teachers and examiners, in the form of the much coveted diploma.

I would like to say a few words to the general public before addressing the graduating class.

Those who have now received their diplomas have run the race and endured the struggles. The word "agony" is derived from the Greek word —a contest, a struggle, a contest for a prize in the public games, of which the ancient Greeks were so proud. In this case, the chief contest is to come up to the standard of approval, so that the contestant may receive the laurel wreath of victory in the form of the diploma, which proclaims to the world her fitness to engage in their chosen calling. But the contest has extended farther, even to the order of merit, viz., those who show the greatest proficiency. So you see that an undergraduate course is really an agony or contest for the mastery of the various branches in their course of training.

We now desire to congratulate the class for having so successfully passed the ordeal, bidding them Godspeed on their way, wishing them all the happi-

* To the graduating class of nurses at Victoria Hospital, London, Ont., on May 19th, 1909, by Dr. Moorehouse, Dean of the Faculty, Western University.

ness which they may have conjured for themselves during their undergraduate life.

But there is always a pathetic side in the life of the nurse graduate, as there is in all other pursuits of life. Many, no doubt, mistake their calling, and find that they are not adapted for the profession of nursing. There is no calling more beset with temptations, troubles and trials, and I would bespeak for the nurse your kindest consideration and indulgence. Just criticism is meet and proper, but let it be just, and then it can only be productive of good. The public are the critics. Robert Burns says, "O wad some power the giftie gie us, to see oursels as ithers see us." Now, it is only through criticism that we are enabled to get a true reflection of ourselves. Do not forget words of praise and commendation where they are due. Endeavor to divest your criticism of all appearance of irritation. Encouraging words are of great service to the timid and hesitating.

Medalists and prize-winners do not always achieve the highest distinction in after life. The plodding, matter of fact people often outshine their fellows.

To the graduating class we would desire to extend our most hearty congratulations, as your diplomas are a proof of efficiency in your calling.

Stringent rules and regulations are always necessary in every undergraduate course. Duty, no matter in what form, must never be shirked. Discipline is always refining and beneficial. You know how rigid and strict is military discipline. Even so is it equally necessary to yield implicitly to one head in order to ensure success, no matter what may be the organization. The great world into which you are about to enter as active members is equally exacting. Contravention of any of its great written or unwritten laws is equally as severely punished.

You are now about to enter upon your post-graduate life. Do not think you can then lay aside your studies, and rest upon your past work. The modes of living are rapidly changing, new diseases are appearing, as are also new phases of old diseases, all of which necessitates changes of treatment. Science is also making rapid advancement. For these reasons you may consider that you have, as yet, but barely entered upon the threshold of your chosen calling. Constant vigilance in observation and study is imperatively necessary. Always try to reason from cause to effect. At the same time, I would advise you to be conservative in your mode of work, remembering Sir Ashley Cooper's advice to his class, "If you try every new-fangled remedy that comes along, you will not cure many of your patients, and pretty soon you will have no patients to cure."

Duty to your patients.—The greatest study of mankind is humanity. Endeavor to be readers of human nature. Anticipate the wants of your patients, and show by your assiduous attentions that you have their interests truly at heart and thus gain their confidence and respect.

Controlling of one's temper is a master stroke in any profession or calling, and in none more so than in your profession. Loss of temper always lessens one's influence, and lowers the status of the nurse in the eyes of her patient. How true is the saying in the Book of Proverbs, "Greater is he who

controlleth his temper than he who taketh a city." Never let your feelings betray you into showing resentment. Every person has some particular crotchet or foible, which illness is sure to accentuate or exaggerate. Again, the Book of Proverbs tells us that a "soft answer turneth away wrath."

Always respect the feelings of those in distress. You will often be thrown into scenes of great sorrow and anguish. Be sympathetic and respectful in manner, conducting yourselves with quickness and gravity. By so doing, you are not only respecting those in affliction, but you are showing that respect for yourselves which is your due.

Do not be afraid of sacrificing your dignity or that of your position as a nurse, by aiding the family of the patient, in case of an emergency. Many families object to employing nurses, on account of their apparent reluctance to aid them when they are short-handed for help. I have known cases where nurses even expected to be waited upon instead of aiding others. Sickness and the distress consequent upon it, do not consult the convenience of the afflicted, and we should always aid those in distress to the utmost in our power instead of hesitating as to the propriety of sacrificing our dignity, through extending a helping hand.

The demeanor of the nurse should be grave and dignified. All frivolity and giddiness on the part of the nurse should be banished not only from the sick room, but from the house of the patient; neither should any undue familiarity take place.

Mistakes in the performance of duty should always be guarded against, by carefully writing out all orders and keeping proper time sheets, with every detail duly stated for the guidance of the physician. Punctuality is a very important factor in every walk of life, and in none is it more important than in your profession.

Romanticism is indulged in by a great many people in all walks of life and I have reason to believe that in none is it more indulged in than by the members of your profession. They have heard of very romantic incidents occurring in the lives of others, and hope it may be repeated in their case. Rigidly dismiss such thoughts from your minds, as they tend to hinder true progress and destroy usefulness. Should good fortune come your way, accept it as your due, but do not run after it, to the neglect of your more important duties, as merit is always sure to win out and come to the front.

The ethical side of life is most important. By this term we mean "the basic principles of right action of one individual toward another." When a nurse engages to attend a case, she comes in contact with (1) the patient, (2) the physician, and (3) the friends and relatives of the patient. The chief centre of attention is the patient and upon whose behalf all efforts are directed. Your first allegiance is due to the physician in charge, as he has full control over the patient and directs the case as it progresses, hence your services are at his command and you are responsible to him. Therefore be loyal to the physician in charge. The moment that you feel your loyalty to him beginning to flag, surrender your patient and retire from the case. Do not allow yourselves to be influenced by adverse criticisms of the medical

attendant, always bearing in mind that those who criticize him unfairly will treat you in the same manner.

Earnestness in work should always be our aim. Do not be triflers. The word "earnest" is one of the most expressive in our language. An earnest worker is ever on the alert to improve herself, so as to make her services more useful to those she serves. We are not all of the same talents, yet the most highly endowed are not always successful. Success usually falls to the lot of the earnest worker who is ever thoughtful and observant. Do not be led astray into thinking that success is purely due to genius without effort, for genius has been defined to be "an infinite capacity for taking pains." Improve your talents; never allow an opportunity to pass unimproved. Should you not be able to accomplish as much as your neighbor, you will have the very great inward satisfaction of having done your best. Fight the good fight and run the race. Endure the agony as one who runs to win. Do not be cast down, should you not succeed at first, but rise again to the fight, remembering always that there is room at the top. One cause of the great success of the Anglo-Saxon race is their indomitable perseverance, not knowing how to yield. The following few lines by Edward Nance Cook, convey in very impressive though plain language the idea I wish to convey:

HOW DID YOU FIGHT?

You are beaten to earth? Well, well, what's that?
Come up with a smiling face.
It's nothing against you to fall down flat,
But to lie there—that's disgrace.

The harder you're thrown, why the higher you bounce:
Be proud of your blackened eye!
It isn't the fact that you're licked that counts:
It's how did you fight—and why?

THE VALUE OF THE DIETETIAN IN THE TRAINING SCHOOL.*

The work of the dietetian in a hospital is somewhat similar to that of a domestic science teacher in a school. The same scientific principles underlie the art of cookery whether it be for the sick or well. Ruskin says, "Cookery means the knowledge of Medea and of Circe and of Helen and of the Queen of Sheba. It means the knowledge of all herbs and fruits and balms and spices and all that is healing and sweet in the fields and groves and savory in meats. It means carefulness and inventiveness and willingness and readiness of appliances. It means the economy of your grandmothers and the science of the modern chemist; it means much testing and no wasting; it means English thoroughness and French art and Arabian hospitality; and in fine it means that you are to be perfectly and always ladies—loaf-givers."

Thirty-five years ago cooking schools were unknown in America. Boston

* Read by Miss Baird, Dietetian of the Victoria Hospital, London, at the Annual Meeting of the Canadian Society of Superintendents of Training Schools.

leads in introducing them. Two generations ago girls learned in their own homes at least as much about cooking as their mothers knew. Then came the age of higher education for girls and less attention was paid to their domestic training. Hence the necessity for the teaching of household science in schools.

Of the nurses who were trained in our diet school last year not many knew how to make good bread, cake or light desserts, to properly cook eggs, meat, vegetables or cereals, to say nothing of more elaborate dishes. Four had studied cooking in public or high schools, and the methods with which they set about their work, their accuracy and their results fully demonstrate the value of training along these lines.

Our schools to-day are teaching girls, from the ages of twelve to eighteen, to cook daintily and well and to follow these rules based on scientific principles. Soon, even already these girls are fairly competent critics and in a few years we may have a world converted to a knowledge and practice of rational feeding.

The trained nurse must be in advance of the time not only from the higher standpoint of usefulness in her profession but also to maintain her own dignity and respect for her profession. To know foods in relation to disease and to be able to cook them skilfully and well is now to her an absolute necessity.

All training schools, I think, now teach dietetics by some method. All hospitals, however, have not reached the stage of having a well-equipped diet school founded upon hygienic and economic principles where nurses are trained to prepare each day's dietary.

Before considering the advantages of this over the plan of having a dietetian for part of the year to lecture and demonstrate, I want to briefly outline the work as it is carried on in this hospital.

The training in dietetics is separated into two co-related divisions, the science of foods and the practice and art of invalid cookery

The first consists of a course of twenty lectures in a general classification of foods, relative nutritive values of the more common foods and diet in relation to disease. The lesson topics last year were: General classification of foods and the relative nutritive values of the five main classes; cooking and digestion of sugar, starch, proteids and fats; lessons on beverages, broths and soups, cereals, gruels, fruits, eggs, milk, eggs and milk in combination, meats, gelatine desserts and frozen desserts. With each lesson the main points to be observed in serving were discussed. Then, too, we studied infant feeding and a general classification of diseases from a dietetic standpoint as fevers, disorders of metabolism, affections of the stomach and intestines, disorders of the circulation of the blood, disorders of the organs of excretion.

The course in applied science consisted formerly of six, now of eight weeks of practical invalid cookery. The nurses under the instruction of the dietetian prepare the liquid and distinctly invalid diet for all the patients in the building and the meals for the private patients. In addition they are taught to serve the meals they themselves prepare. In this way their work

becomes intensely profitable to them and at the same time interesting and pleasurable.

The advantages of this plan are obvious. The nurse cooks for almost every class of patients during these weeks and sees the results of her dieting. They serve the foods they prepare to sick people with sick people's peculiar critical appetites instead of merely tasting them themselves. They come back and tell us that for some stages of a disease our recipes make foods too sweet, for others not sweet enough; some want no flavorings used, others like them, and in a hundred ways, two months of cooking and serving foods for all classes of patients develop a keenness of perception in regard to this work that could not possibly be produced by the best of lectures and demonstrations.

The diet school is also the doctor's great ally in the fight with disease. The food for the sick is not prepared by uninterested, uneducated servants.

From a purely monetary standpoint the diet kitchen is a gain rather than a loss. We all know an educated woman who understands economical buying and cooking can give her family all the appetizing, nourishing food they require with less expenditure of money than a woman uneducated along these lines can serve starvation meals. The same thing applies to the feeding of the sick. In this hospital for six months the average cost of serving the private patients was eight and one-fifth cents per meal not including the salaries of the dietetian and nurses who prepared them, and nine and seven-eighth cents counting the salaries.

From a moral standpoint it is a nurse's duty to be able to educate the people among whom she labors. We feel deeply on the question of mal-nutrition babies, but do we often enough consider the number of growing children and of full grown people who actually starve themselves, not because they have not the money to buy nourishing foods but simply for lack of knowledge. Every day we have people brought to the hospital about whom the doctor's most imperative orders are to feed them back to health. They are afraid of good, wholesome food. They become so accustomed to a starvation diet that their appetite, like an abused conscience, has ceased to be a guide. They tell us they never eat an egg for breakfast, a cup of coffee and a slice of toast are all they take at home. We all know that the body is like a machine in that it burns its food for fuel to produce its heat and energy. Such a breakfast, counting cream and sugar in the coffee and butter on the toast, considered as fuel, will barely supply enough heat to keep up body temperature. There is none left for energy or for the renewal of worn-out tissues. Yet the person expects to do a forenoon's work!

We know, of course, that the body has latent energy in every cell and the woman who works on such meals, uses this until it is exhausted and wonders why she becomes weak and languid. She takes stimulating drugs and finally when her youthful bank account of energy is gone she becomes a nervous wreck.

If taken in time and properly dieted, a naturally recuperative constitution will respond and perhaps regain almost normal vitality, but the majority fall a prey to incurable diseases. No man liveth to himself, and surely not a

nurse. She can do much to prevent disease if she herself has been awakened to the consequences of improper or insufficient food.

As we live our lives we never feel the loss of more improved machinery in our work until we have used it and then attempt to go back to older methods. Farmers give us a good illustration of this truth. Imagine one attempting to farm with the machinery in common use even ten years ago.

So hospitals never realize the usefulness of a diet school until they have had a regularly established one and then consider the possibility of attempting to manage a hospital without one.

COLUMBIA COAST MISSION, BRITISH COLUMBIA.

Having watched with much interest the growth of this mission, I determined to spend the last week of my vacation in a trip up the coast from Vancouver to Alert Bay and get into personal touch with its workers.

Leaving Vancouver on Monday evening, August 30th, by steamship "Cowichan," of the Union Steamship Company, whose officials always treat the Mission workers with generosity and courtesy, I had a comfortable trip to Rock Bay, which is the most central of the three hospitals connected with the Mission. For the benefit of those who have not been constant readers of the "Canadian Nurse," I may mention that this Mission was inaugurated about four years ago, when the crying needs of the loggers stirred the heart of the Rev. John Anth and called him away from his parochial work in Vancouver. Born and bred in nautical surroundings, his father having been a sea-captain, Mr. Anth is a skilled seaman and having, in a trip up the coast, been greatly touched by the isolated and neglected condition of the loggers and other inhabitants on the west coast, he determined to do all in his power to remedy this state of things.

He found an utter lack of all refining and religious influences, entire absence of provision against the accidents and sudden illnesses incidental to this life, with much consequent loss of life and inevitable suffering, as the nearest point where medical and nursing care could be had was Vancouver. In the same spirit which animated Dr. Grenfell on the coast of Labrador, he launched his scheme to provide (1) a gasoline launch for visiting the camps, holding services and lending books, which should also be equipped as a hospital ship, with a surgeon and all necessary surgical and medical appliances; (2) a hospital in a central position. The Bishops of New Westminster and Columbia could not refuse a helping hand to such a necessary (though hitherto unrecognized) branch of the church's work, and the Ladies' Auxilliary have throughout taken a most active part. The Victorian Order of Nurses undertook the furnishing of the hospital and supplying of nurses, the salaries being paid by the Mission. One of the portable houses of the Hastings Mill Co. was put up at Rock Bay, under the title of Queen's Hospital, which has since been enlarged, so that soon, when the new wing is completely fitted up, there will be accommodation for fourteen men and five women. The record of the past year is evidence of the good work done.

As is so often the case, the foundations were laid with sorrow and loss.

The pioneer nurse, Miss Sutherland, whose unremitting labors are well known on these shores, sacrificed her life in this cause. So endless were the demands on her time and strength, so great the strain and responsibility, when the doctor had to divide his time between hospital and ship, leaving her sometimes absolutely alone, that one could only marvel at the endurance which kept her at her post till a few hours before her death, practically in harness to the last. This twentieth century has its martyrs too, though the burning stake and the gleaming sword and the Inquisitorial tortures are things of the past. This sad event seemed to give an impetus to the work and funds came in more rapidly, till the Columbia Hospital at Van Anda was opened two years ago, and recently a third at Alert Bay.

Rock Bay is pre-eminently the loggers' hospital, Van Anda the miners', and Alert Bay more or less heterogeneous in character, a cannery, several mines and logging camps, a quarry and an Indian settlement being in close proximity to it. The small beginning of 1905 has now developed into a mission of some magnitude. At each hospital there is a resident surgeon, with head and one assistant nurse, and a kitchen helper. On the "Columbia," Mr. Anth acts as captain, with an engineer, an assistant officer and a cook. A monthly outlay of $1,500 for the maintenance of the entire work is thus involved, much of which is necessarily of an expensive nature. Subscriptions are now being asked for a larger vessel, which will not be dependent on tides and will travel at greater speed, thus making a definite schedule possible and so facilitating the transit of accident cases to the nearest hospital or securing immediate surgical aid on board. At present such cases usually arrive in rowboats or in the small gasoline launches so much in vogue.

Dr. Harrington, the popular medico at Rock Bay, is an instance of the happy combination resulting from English parentage, a boyhood spent in the West, capped by an eastern college education (McGill). His unfailing enthusiasm, his keenness and adaptability are strikingly displayed in a position of responsibility, demanding varied powers and endless tact. An Old Country nurse would have been shocked to find the medical officer hauling her baggage upstairs, fetching hot water for the tired visitor, helping to clear the table and at times even to cook. The strict discipline maintained was, however, most marked. My mild request for a glass of water, made to the Jap orderly, was answered by "I must ask the Doctor," who forthwith handed it out from the kitchen! The Jap thought I was a private patient, who had strayed from her pen, and hence referred to the doctor for orders.

The "simple life" is certainly followed here and the devotion of those who, fitted by birth and education to take good positions in refined and luxurious surroundings, give up some of the best years of their lives to further the Mission work, provides food for thought as to why others should be so backward in providing the "sinews" of mission work, in lieu of personal service. I may suggest to those who prefer to give to a definite object that the operating room is very poorly equipped, the instruments are few and kept in a home-made cupboard, the boarding itself not being anywhere near the aseptic standard which should characterize a modern operating room. A new

room with proper equipment is really a crying need. The small supply of white bedspreads would also appeal to a good housekeeper.

Several interesting cases were in hospital. One man, whose right hand (alas!) was so crushed that the loss of all his fingers seemed inevitable, had happily still two very much enlarged members left, which, thanks to skilled attention and the good air, gave promise of being of some use in the future. Another had almost severed the toes with an axe, and after a hasty journey of fifteen miles in an open boat, arrived at the hospital in a most collapsed condition from hemorrhage; the only "first aid" service rendered being to cover the foot with flour, and to tie it up loosely in a towel!

Another had injured his ear and affected the symmetry of his cranial bones by a jam between two huge logs.

A recent amputation of the thigh, doctor and one nurse alone assisting, made a good recovery and testifies to the need of well-qualified medical men and nurses. In Miss Riddock, the head nurse, I was glad to meet an ex-Queen's Jubilee nurse from Scotland, and in Miss Schjolt, a graduate of Barts.

Sometimes, alas! accidents take place and there is no one conscious of what has befallen the lonely toiler, and one shudders to think of the tales of terrible agony, of the awful thirst, of the long struggle for life, that these dark forests and rocky shores could unfold. The "Columbia" leaves first aid boxes with full directions at the camps, and many of the loggers pay a small yearly sum (only $10) to entitle them to medical and surgical treatment.

Having spent a pleasant day and a half at Rock Bay, including the only constitutional available, a walk along the light railway, which connects the logging-camp of the Hastings Mill Co., twelve miles away, with the sea-shore, I went north by the "Queen City" to Alert Bay, situated at the north of the Island of Vancouver.

What shall I say of Alert Bay? How describe the irresistible charm at sunset in particular; the crescent bay with its varied life, part Indian, part Canadian; the little Mission church and school-houses for Indian and white children, the industrial school, the totem poles and the Indian graveyard, and its latest joy and pride, the red-roofed hospital, built in the interests of all who need its help, regardless of creed, color or occupation. Beyond are the low huts and the dark forests and the beautiful tints of the setting sun, bringing to mind Webb's beautiful lines:

> "'Tis gone, that bright and orbed blaze,
> Fast fading from our wistful gaze;
> Yon mantling cloud has hid from sight
> The last faint tints of quivering light."

First impressions are always lasting and mine were very pleasing inside and outside.

This hospital, opened in June, is very well planned and very well equipped, everything being thoroughly good and chosen with great taste and judgment. The Women's Auxilliary, all over Canada, have contributed generously, also many other philanthropic societies, and the individual gifts have been numerous and many local friends, even of other denominations,

have taken a strong personal interest and have proved generous friends. The brass tablets, in memoriam and otherwise, on the doors of the private rooms and on many of the ward beds are a distinctive feature. A noteworthy feature also is the wide verandah back and front, where the patients can spend the whole day. This is an ideal place for a rest cure, where bathed in light and air, free from the disturbing influences of post, telephone, telegraph, trains, cars and motors, patients can be relieved of the sense of intensity and excitement which their busy lives engender, and regain their equilibrium, physical and mental.

The mail-boats call twice a week and other steamers come in with more or less exactitude, being the sole means of communication with the outside world. At present the work is new and needs to be known, for people are conservative in these parts and at first are shy of going to the fully trained workers, preferring to rely perhaps on those who have hitherto so nobly filled the breaches and made up for lack of skill and knowledge by a keen observation, a persevering study and a loving, sympathetic heart. At any time the resources of even this fine hospital, with its men's and women's wards and its private rooms, may be strained to the utmost by some great disaster in mine or quarry, in logging camp or cannery, or by some terrible shipwreck. During this preliminary leisure time, Miss Monk, the head nurse, takes an active interest in the commissariat, instructing the Japanese cook in culinary matters and putting up pounds of preserved fruits for winter use, besides supervising the nursing of the two patients, a mother and tiny baby and a Finn, whose foot was crushed in the quarry. Her artistic sense is displayed in the arrangement of the living room, dark red burlap with occasional panels of green wood, surmounted by a narrow ledge and white plaster, is very effective, the furniture being of the same green tint; the floors are stained and some rugs complete the plain, but pleasing, furnishing. Miss Monk is ably assisted by Miss Motherwell, a graduate of Johns Hopkins.

Personal visits assured me of the devoted work of the Rev. A. J. Hall and his wife, who for more than thirty years have labored among the Indians, for whom services are held in their native tongue, thanks to the translation of the Gospels and Epistles, parts of the Prayer Book and a selection of hymns by Mr. Hall.

Mr. and Mrs. Cortin have charge of the industrial school and together with a devoted assistant, Miss Warrener, provide a comfortable home with refining influences and a good elementary education for about thirty Indian boys, who are also instructed in some trade, by which a livelihood may be made on leaving school. One cannot but admire the real courage and strength of mind which keeps them bright in the face of difficulties, refined though in contact with much that is lowering and degrading, ready to make the best of everything, whether darning the sixteen-year-old bedspreads or remaking the four-year-old "tidy" suits of the Indian boys, or laying in a stock of salmon, caught in the bay and home-cured, to eke out by every means the scanty grudging allowance made by the Government for the descendants of the original owners of this fair land.

Apparently $60 is considered a sufficient sum for the lodging, board,

clothing, education and medical care of the younger boys, who, as Mrs. Corker regretfully remarked, "eat as much or more, work less, and require more care than the older lads," for whom the sum of $120 is given.

Perhaps some of those who rave over "The Vanishing Race" or other engravings by the "prince of photographers," Mr. Curtis, or who delight in their collection of Indian baskets and other curios, may in a meditative moment ask themselves whether they owe no debt to the descendants of those who showed the way to those sources of natural wealth with which Canada is so richly endowed. Surely the essentials of life should be secured to them and every means used to prevent their being "a byword among the nations," as a result of contact with so-called Christian civilization. Surely the firm hand of the stronger brother could, with wisdom and tact, put down that crying evil of the potlache with its attendant immorality, which prevents the more enlightened but timid Catechumen from definitely embracing the Christian religion and following the purer life, which increased knowledge and civilization should bring.

The C. M. S. is gradually withdrawing its grant and up to the present there is no equivalent increase of subscriptions forthcoming. Mrs. Corker of Alert Bay, B.C., would gladly supply any further details on application.

After a pleasant stay of nearly two days at Alert Bay I took steamer down to Van Anda. Van Anda is situated on the Island of Texada and is pre-eminently the miners' hospital, as there are four mines within reach, gold, silver and copper. In all the population amounts to 500 and there are of course other small settlements within reach, who look to this hospital to supply their medical and nursing needs. The advent of Dr. Kemp, so well known in Toronto, has given a fresh impetus to the work, whilst his own health has improved greatly during his residence in these healthful surroundings. He has thrown himself into the work with great enthusiasm and has proved that a change of work and surroundings is often more beneficial to some temperaments than an enforced "rest cure." The hospital is in reality an adapted opera house, and the building has certainly lent itself well to the change. A well-ventilated ward on either side of the corridor is relegated to women and men respectively, each opening on to a fine piazza, one having a forest, the other a sea view. The operating and consulting rooms, fairly equipped, are adjacent, also bath and toilet rooms, two private rooms complete the present accommodation, which is often in full requisition. The doctor's and nurses' rooms are in the centre opening into the living room, which was apparently the former stage, whilst the "green-room" now acts as kitchen, where a Chinaman holds sway. More healthful surroundings could hardly be imagined, the position being high, facing the sea, surrounded by a fir forest and open to sunshine the livelong day.

There is a neighboring church, where Presbyterian and Episcopal ministers alike officiate, ministering indiscriminatingly to the various nationalities here represented. Perhaps the greatest need is for funds to complete the walls. The most practical method appears to be to cover the ceilings with very thin sheets of metal, which can be painted, forming an effective barrier to the sawdust and the high winds, whilst the walls above the wainscoting

can be covered with Sanitas paper. A second bathroom is also badly needed for use of the staff and also a better road, for the present rocky, uneven path leading to the hospital from the wharf must occasion extreme pain to ambulance cases. The present patients were operation, accident and eclampsia cases, with several operations pending.

The steamers are by no means "certain quantities" and Labor Day having called for a rush through, bringing the steamer two hours ahead of time caused an unfortunate delay, through my missing her, at the other ports. I had on the other hand lost many hours' sleep through her tardiness. However, a trip to the opposite shore in a gasoline launch enabled me to take a small coaster and finally make connections. As the steamer makes its way amongst the numerous islands and inlets of this rocky coast of British Columbia, dropping or taking up here and there one or two men and more occasionally a woman from an open boat or an anchored float, or possibly with most adroit seamanship tying up at a small wooden pier, one is struck with an extreme sense of isolation. A sense of admiration also fills one for those who thus elect to fight more or less alone against Nature's forces, who from circumstances, perhaps, but just as often from choice, are laboring hard, with a sense of satisfaction that they are daily accomplishing a definite work which justifies their existence and would otherwise be left undone, which gives relish to the meals and a happy recollection of the dollars accumulating to their account ($2.50 to $3.00 per diem).

These are the pioneers to whom we owe so much in developing the resources of the country, who, whether as managers of logging, mining, quarry or cannery companies, or just as truly in the more humble capacity of employes are preparing the way for the more delicately nurtured, in some instances the more weak-kneed and more selfish crowds that will follow as soon as the country is opened up, thus offering some solution to that most terrible of problems—the army of the unemployed.

All these camps and villages are dependent on these steamers for the necessaries of life. Often a kindly captain will caution an over-zealous logger or freight clerk against the risk of an over-weighted boat and will await his return for a second load of the flour, "spuds," meat, bacon, vegetables and groceries, which form the bulk of the camp food.

One looks and shudders at the long stretches of inaccessible coast, with no space even for the numerous logs, resulting from natural decay, storms, broken-down booms and possibly thrown in as the quickest way of clearing the land. To students of nature and the "simple life" I can recommend a trip up the west coast and am assured they will see the immense benefit of the Columbia Coast Mission to the isolated inhabitants.

Rock Bay, B.C.—Total number of cases, 120; medical cases, 36; surgical cases, 81; gynaecological cases, 2; obstetric cases, 1; number of operations, 82; number of deaths, 4; number of hospital days, 2,645; number of outdoor patients, 275; number of outdoor dressings, 813; number of prescriptions dispensed, 390; number of beds, 20; number of nurses, 2.

M. A. ELLISON.

THE ALASKA-YUKON-PACIFIC EXHIBITION.

Much interest has been attracted to the Pacific coast by the exhibition held at Seattle, Washington, from June till October. Amongst other objects it aimed at cementing the union between the Western States and the American possessions in the Arctic regions.

The situation was excellently chosen and the beautiful grounds greatly enhanced the beauty and pleasure. Some of the buildings are permanent structures and will form part of the University of Seattle.

In the Government Building were many exhibits of interest to the nursing profession. Proofs of the ceaseless warfare against two twentieth century menaces, tuberculosis and epidemics (yellow fever and bubonic plague in particular) were seen in the beautiful models of state sanatoria and of houses which favor the outbreak of epidemics and those in which precautionary measures are adopted. There were specimens of disease-infected organs (animals), whose pathology was self-evident; while the malaria-producing mosquito and dreaded tsetse fly were much in evidence. Every good housekeeper was interested in the measures to combat rats and vermin of all kinds, the porches being carefully screened as well as all open water stores and garbage cans. There was a hospital under canvas and the usual operation outfit, which calls forth so much awe and morbid curiosity from the lay public.

The pretty little Emergency Hospital, built as soon as the construction camp was set up, attracted general admiration. The doctors and graduate nurses certainly were in unusually healthy and beautiful surroundings, overlooking woods and lake. Employes and visitors alike were treated gratuitously, any urgent cases being taken by ambulance to the city hospital, though beds were always in readiness for those not able to be removed. On an average twenty persons daily were treated medically or surgically.

Amongst all the varied attractions of the Paystreak, there was one that appealed to the mother-heart. The Baby Incubator demonstration, provided by the King-Schurer Co., of New York, was rarely without visitors even at the slackest hours. Not sixty years ago skilled nursing, except under the auspices of religious communities like Kaisersworth, was unknown and we have to-day an incubator company finding that trained night and day nursing is financially a necessity, an indispensable part of successful advertisement. My patriotic feelings were gratified by finding an English nurse in charge and with the help of two or three more nurses one felt that the premature and sickly babies were being given a "fighting chance" at any rate. Two medical men, specialists in obstetrics and infantile complaints, supervised the treatment, which is adapted to each individual infant, the best possible diet, whether modified milk, a wet-nurse or what not, being provided. In some instances a dropper, in others a gauge spoon is used.

There were eight tiny atoms of humanity, reposing each in its incubator, dressed in binder, diapers, shirt, covered with a pretty soft quilt. Babies as small as 2½ pounds are successfully reared under these conditions and the average saving of life is 68 per cent. of those brought in at once who survive the first twenty-four hours. Directly the baby is born it is wrapped in cotton-wool, after being rubbed over with olive oil, and put in the incubator

at a temperature of 90 to 100 degrees. Some of 6½ months are raised, but the average are 7 to 7½ months babies. The incubators cost $150 and are gas-heated with a Bunsen gas burner, connected with a coil of pipes and having an automatic regulator, the temperature being from 84 to 100 degrees according to the case. The air is conducted through a 10-inch pipe leading by one of 4 inches into the interior, being warmed by the coil of pipes and filtered through gauze, a vent pipe carrying away the respired air. The average length of time that the babies are kept is three to four months, of which two months are usually spent in the incubator entirely, baby being removed for feeding and bathing purposes. The babies who are received directly after birth usually do well and rarely cry after five weeks.

I was glad to find by close personal inspection that these premature babies are given the best possible chance of survival and often become quite healthy, proving that the fact of their being exhibited is not harmful to them.

The Forestry Building was awe-inspiring in its proportions, built of massive trunks, and the alluring salmon hatcheries, mountaineering outfits and other woodland delights drew many visitors. On ascending the steep staircase a very complete and exhaustive exhibit awaited one. Almost every sanatorium was represented and the amount of literature and statistics about the white plague would convince the incredulous that the States at any rate are preparing the "sinews of war" to fight this deadly enemy to the bitter end.

Amongst many others I noticed the very practical tent-house adopted at the Union Printers' Home at Colorado Springs. It is octagonal in shape and its framework is as substantial as that of a house, so that its occupant need not fear the most severe wind. There is a capital arrangement of ventilation in the floor and round the peak, which can be closed if the weather is very cold. A built-in wardrobe, stationary washstand, drawers, comfortable chairs and rugs made it very attractive. It is steam-heated, lighted by electricity and is connected by an electric bell with the hospital building. A centrally placed solarium provides recreation and companionship, and one feels that no one belonging to the Printers' Union would grudge the monthly assessment of 15 cents, which would secure such advantages to those whose life renders them specially susceptible to this disease.

For preventive and curative work in the city, the Phipps Institution of Philadelphia stands, perhaps, almost in a unique position. The system pursued is for advanced cases to be received into the hospital, whilst the work of the very large out-patient department is supplemented by the nurse visitors. They follow up these patients and ensure the regulations being carried out, the whole being under the able superintendence of a superintendent of large experience, Miss Sutton. One distinctive feature is that nearly all the nurses in training have themselves been sufferers from tuberculosis, this element of personal experience being a great factor in calling forth enthusiasm, hope and patience.

Even the invalid visitors were cared for, as comfortable wicker path-chairs and the more modern jinrickshas were in readiness at the chief entrance and light refreshments were at every corner.

M. A. ELLISON.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order nurses every year.

During the month of October, the Chief Superintendent visited the branches in the Maritime Provinces. The St. John District is still doing its excellent work; the three nurses are kept busy all the time. The Halifax District is very satisfactory. A third nurse has just been added to the staff. The work in Truro has been very heavy; 192 visits were made by the nurse there last month. New nurses have been sent to Sydney, Canso and Baddeck. The reports from Yarmouth are very gratifying. Very well-attended, enthusiastic meetings were held at New Glasgow and Marble Mountain, to consider the advisability and feasibility of organizing local branches in those places. Strong provisional committees were formed to work on the scheme. Marble Mountain will undoubtedly arrange to have either a small hospital or a district nurse, as soon as navigation opens up in the spring.

During the last six months the following appointments have been made by the Head Office of the Order in Ottawa: Miss E. Dodds, superintendent, Almonte Hospital; Miss E. Offord, Superintendent, Swan River Hospital; Miss M. Keith, Superintendent, Shoal Lake Hospital; Miss A. Moore, Superintendent, Minnedosa Hospital; Miss C. Beamish, Superintendent, Melfort Hospital; Miss Cookman, Superintendent, Lachine Hospital; Miss McCutcheon, acting District Superintendent, Ottawa Home; Miss MacLennan, acting Senior Nurse, Ottawa Home; Miss Maxwell, Head Nurse, Winnipeg District; Miss McRitchie, Tubercular Nurse, Brantford District; Miss Brown, Melfort Hospital; Miss Gay, Minnedosa Hospital; Miss Clark, Minnedosa Hospital; Miss Schjott, Rock Bay Hospital; Miss Graham, Winnipeg District; Miss Powell, Winnipeg District; Miss Murray, Shoal Lake Hospital; Miss Trusler, Grand Mère District; Miss Wallace, Almonte Hospital; Miss Reid, New Liskeard Hospital; Mrs. Tyler, Lachine District; Miss Ellis, Halifax District; Miss Warren, Halifax District; Miss Glass, London District; Miss Patterson, Sydney District; Miss Jones, Riverdale District; Miss Marshall, Galt District; Miss Hall, Vancouver District; Miss Millar, Vancouver District; Miss Fraser, Fort William District; Miss Holder, Kaslo Hospital; Miss Esplen, Revelstoke Hospital; Miss Scott, Canso District; Miss Mosher, Baddeck District.

The Guild of Saint Barnabas

During the year now drawing to its close, there have been many changes in our district. In Toronto very great regret has been expressed at the resignation of Canon and Mrs. Welch, who have gone to live in England. At the suggestion of Canon Welch, the Rev. F. G. Plummer has been appointed his successor, by the District Chaplain, and Mrs. Broughall has again come forward and kindly offered to act as Superior (pro tem). In Quebec the local Superior, Miss Jarvis, has left the Citadel, and Mrs. Williams, who has always been a good friend to the Guild, has consented to fill her place. We regret that the branch in Ottawa has lapsed for the present. Many of the members have left Ottawa, and those who remain have become attached to the Montreal Branch. We cannot mention Montreal without paying respect to the memory of the Rev. Edmund Wood, late rector of St. John the Evangelist, who was one of the best friends of our Guild and beloved by all the members who knew him. While deeply feeling his loss, we are all glad to welcome as rector, our good District Chaplain, the Rev. Arthur French. If Father Wood will always be remembered as the friend of the poor, our chaplain will indeed be known as the friend of the sick, and those who minister to the sick.

The District Superior was in England last summer, and while in London, a special meeting of the Council was called to meet her. Great interest was shown in the work in Canada, as she read the proposed new district constitution, and explained the differences of life in this country, that, if the Guild is to be the living force it should be here, the government must be more elastic than in England. While communion with the Anglican Church must be the condition of full membership, we hold out the hand of good fellowship to all nurses who, as nursing honorary members, desire to keep the rule of life and become attached to us. We hope in time to have branches or the services of priest-associates, across this great continent, so that even those who are isolated and least known may be brought in touch with us, and may all share the privileges of our Guild in unity with Christ.

ANNIE STIKEMAN,
District Superior.

My Scallop Shell of Quiet

SUCCESS IN DEFEAT.

"*Though he fall, he shall not be utterly cast down; for the Lord upholdeth him with His hand.*"—Psalm xxxvii, 24.

For success in life there is nothing more important than defeat. In other words, what our characters will ultimately be like depends on how we use the reverses and defeats that we meet on our way through life.

Sometimes it is very difficult to use our successes aright, to repress the feeling of self-conceit that rises so easily and so spontaneouly in our hearts, and humbly to thank God for His goodness; but it is still more difficult to make our defeats a source of profit, and not of loss, to us.

We suffer defeats frequently if we take our lives seriously; and it depends entirely on what we do after the battle is over, whether the defeat has really cost us much or little. If we are cowed and disheartened, filled with disappointment and dismay at our weakness, then it has been indeed a bad day for us. But if we pull ourselves together, and mark where the weak spot in our defence was; if we strengthen those things that were ready to perish, and resolve that by God's grace we will never be defeated in quite the same way again, then that defeat has been far from disastrous, it has been in some respects a blessing and a help.

To sin deliberately and wilfully, even if it be "just for the last time," or "just this once," with the intent to start afresh afterwards, is a mistake from the strategical and every other point of view. That can never be a help to us; that is merely a weakening of our defences all round.

Those who in this way realize frequent defeat may be on the way to ultimate victory, while those who win continual victories may be on the way to ultimate defeat. For no one can win continual victories in a campaign where there is no calling of truce, unless his foes are utterly unworthy of his steel; no one, however well armed he may be, can go very far on his way without suffering reverses, unless he has chosen a path where there are no antagonists worth fighting with. In other words, a man must have chosen for himself a very poor and pitiable ideal, if he finds that he can live up to it constantly; for any one who lives up to the standard that he has set himself, without frequently falling below it, has chosen a standard that is hardly worthy of the name.—Rev. W. N. Monteith, in *Life and Work*.

The Canadian Nurse

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Editorial

NURSES IN THE CANADIAN MISSION FIELD.

We desire to draw the attention of our readers to the need of nurses in the mission fields in the newer parts of Canada, and would refer them for further particulars to Mrs. Kipp's important letter, published in our November number. Nurses are needed there. But they should not go alone. Household and hospital questions will confront them there and they will need help.

WELFARE WORK AT WELLAND.

All our readers will find the Correspondence Department this month of great interest and importance. The letter from Welland is one that we are proud to publish. Do our readers not think that one hundred such nurses could find in their native or adopted towns or cities such a place as the Plymouth Cordage Company where they might make themselves useful—nay, indispensable? We congratulate the Plymouth Cordage Company. Such welfare work is splendid.

THE HOSPITAL AT LUDHIANA.

The following account, taken from the "British Medical Journal," will be interesting to our readers, inasmuch as one of our Canadian nurses, Miss Sinclair (T.G.H.), has just received an appointment in this hospital.

"The annual meeting of the North India School of Medicine for Christian Women was held on May 5th at Trinity Church House, Great Portland Street, London. The enterprise represented by this title is carried on at Ludhiana, in the Punjab, and has now been in progress for some fourteen years. It includes a hospital, which is apparently conducted on very active lines. Last year the new out-patients numbered nearly 20,000, and in-patients over 1,200; the number of beds constantly occupied was seventy-six, and 1,100 operations were performed. It is not a school of medicine in the proper sense of the term, as the women it trains are intended to be employed as nurses, dispensers and hospital assistants. The undertaking appears to stand in need both of more money and of additions to its medical staff. What standard of knowledge the students of this school are expected to reach before receiving certificates is not indicated in the material which has reached our hands. Some assurance that it is sufficiently high seems desirable, since the primary object of the institution would appear to be, not education, but the spread of Christianity."

Editorial Notes

Great Britain.

The Colonial Nursing Association.—The annual meeting of the Colonial Nursing Association was an impressive one. When men like Sir Alfred Jones, Sir Percy Girouard and others, who are among the best authorities on health in the tropics, speak as they did of the work of their nurses, it means much to and for the Association. Sir Alfred Jones presented a cheque which completely covered the deficit. H. R. H. Princess Christian was present.

Amateurs and Veterans.—Among other interesting notes in "The Nursing Mirror" in November are these three:

Dr. William Andrew Hayes, whose death at the early age of 48 is announced this week, will be remembered for the emphatic manner in which he recognized the value of the work done by ladies who assisted in the nursing at the siege of Mafeking. As principal officer at Mafeking during that now historic period, Dr. Hayes subsequently stated that he thought that the public had heard too little of the way in which women, during that memorable siege, who were unaccustomed to medical work, or to the sights incident on war, braced themselves together and held bleeding and mangled limbs, whilst he or his colleagues operated. "But," observed Dr. Hayes, "like all true nurses, they were satisfied with the thanks of their grateful patients."

The celebration last week of the centenary of Tennyson's birth by the British Academy at Burlington House has reminded a nurse of her interesting experience of the late Poet Laureate during her residence in the Isle of Wight. She states that the year before Lord Tennyson died she was nursing a patient in Freshwater, and the poet was pointed out to her. Soon after she was near the sea, and met Lord Tennyson walking alone. She naturally wanted to have a good look at him, but feeling that he might be sensitive, she only gave a timid glance. To her surprise and delight Lord Tennyson raised his hat and bowed. After that whenever they met, which was frequently, he paid the uniform the same compliment. She continues: "On the last occasion when I saw the poet I was coming out of a lane just on to the main road when he, with another gentleman, stood for a moment, and as he always had since our first meeting, the poet bowed to me. Not wishing to walk just behind or in front, I branched across the road, and could not help hearing Lord Tennyson observe to the gentleman with him, 'Nurses *must* be good women.' A little later Lord Tennyson was taken ill, and, imagine my regret, when I was sent for to nurse him I was just leaving an infectious case—and, of course, was unable to go."

Remarkable testimony to the insight of a veteran Edinburgh nurse who has just passed away is borne by Dr. Joseph Bell. For forty years of her life Miss Jane Tod Dickson was on the staff of the Edinburgh Royal Infirmary, and in speaking of the loss sustained by her death, Dr. Bell said that "she nursed, she did not talk." His own experience, he continued, was, "that if on his rounds he expressed the opinion that a patient was improving,

and Nurse Dickson showed disapproval by opening wide her eyes, she was invariably found to be right."

The Nurses' Missionary League.—The League this month is having a course of four lectures on their watchword, "The Evangelization of the World in this Generation," as follows: November 9th—"The Nurse as an Individual in Relation to the Watchword;" lecturer, Mrs. Douglas Thornton (Cairo). November 16th—"The Nurse Professionally in Relation to the Watchword;" lecturer, Mrs. Burnip (Hankow, China). November 23rd—"The Nurse Socially in Relation to the Watchword;" lecturer, Miss F. J. Wakefield, B.A. November 30th—"The Nurse in Relation to the Need of the World;" lecturer, Miss Fox (Tottenham Hospital). The chairman is Miss J. MacFee, B.A., and all members of the nursing profession will be heartily welcomed, and they are asked to make the lectures widely known.

The King at the Norfolk and Norwich Hospital.—On Monday last the King paid a visit to the Norfolk and Norwich Hospital at Norwich, and laid the foundation-stone of a new isolation and septic block, which is the first of the series of extensions the governors of this hospital now have under contemplation. A few presentations were made to His Majesty, including Miss F. A. Cann, the matron. The King said: "No greater blessings exist for the poor classes of the country than the institutions which provide for their relief and care in illness, and any movement to establish new buildings for the purpose of extending those already in existence, or to render them more efficient, will always have my warmest support. (Applause.) I am sure that those charitable men and women who have liberally contributed to your hospital in the past will themselves continue their support, and will by their efforts stimulate others to assist this noble work of charity. The encouragement you give to your nurses to join the nursing service of the Territorial Forces meets with my utmost cordial approval. In matters of life and death the services of the trained nurse are no less essential than those of the physician or surgeon. I pray that the blessing of God may rest upon your labors."

Memorial Window to a Nurse.—"The British Journal of Nursing" says: "A stained glass window, depicting the Annunciation, has been placed in St. Luke's Church, Kingston-on-Thames, in memory of the late Miss J. A. Smith, for nine years Matron of the Kingston Infirmary, by her relations, friends and fellow worshippers. The window, which is by Messrs. Hemming and Co., of London, was dedicated at an impressive service, attended by members of the Board of Guardians, Dr. Donald, the medical officer, Miss A. Smith, the present Matron, and many Sisters and nurses. The Vicar, the Rev. W. Reginald Wright, gave a touching address, in which he spoke of the patience and courage with which the late Miss Smith bore pain and faced death during her last illness."

Canada.

New Hospital at Halifax.—In response to the demand for a private hospital in Halifax, under supervision of experienced certified nurses, "Restholm," 15 North Park St., was opened in August, 1908. The number of applications for admission received is 57, and the number of patients nursed

is 40. "Restholm" is the official headquarters of the Nova Scotia Graduate Nurses' Association, and the residential headquarters of the Halifax Branch of the Victorian Order of Nurses.

The United States of America.

Miss Dock's New Book.—Miss Dock is preparing a manual for nurses on venereal diseases. This will, we feel sure, be a useful work.

The American Red Cross Nursing Service.—The American Journal of Nursing says:

"The War Relief Board, at a meeting held May 7th, 1909, took under consideration the placing of the Red Cross Nursing Department under a special subcommittee. To provide for the committee the following resolution was passed:

"Resolved, That the subcommittee on Red Cross Nursing Service shall consist of a chairman and fourteen other members; five to constitute a quorum; the chairman and five members to be members of the War Relief Board, to be appointed by the chairman of the Board; six members to be appointed by the chairman of the Board from a list of trained nurses submitted by the Nurses' Federation, and three persons to be appointed by the chairman on recommendation of the Board.

"The present plan for such a committee is to have the chairman and two other members of the Board selected from the trained nurse members of the Board. Of the three members of the Board, one should be a surgeon of the army, one a surgeon of the navy, and the third some other member of the Board. The three persons selected from outside the Board and the list of nurses should be persons specially fitted for membership on this Board. This will give a membership of nine trained nurses on the committee of fifteen."

"This resolution from the Red Cross War Relief Board was unanimously adopted by the Associated Alumnae after a very thorough discussion of the whole Red Cross situation, and the committee was re-elected with instructions to work out the details of such affiliation with the War Relief Board. The action of the Associated Alumnae brings the nurses of this country into distinct official relationship with the War Relief Board, and gives to them a very influential place in the administration of the strictly nursing side of the work of the National Red Cross. It is an opportunity which has never been ours and one which must receive the most intelligent co-operation from all the affiliated societies in order to prove our worthiness of the confidence which has been shown us."

The Midwives of Baltimore.—As a result of an investigation it is shown that there are 150 midwives in Baltimore, 99 having no diplomas, 37 or 14.6 per cent. being able neither to read nor write, 46 using no antiseptics on hands or instruments, 3 using a weak solution of nitrate of silver in the eyes of the new-born. The higher percentage of illiteracy among the midwives of Baltimore as compared with New York and Chicago is due to the fact that 30 of the 45 negro midwives in the former city can neither read nor write. Accordingly, efforts will be made to secure legislation at once to provide for the proper training and registration of midwives. Another good argument for registration of nurses. Midwives should be trained nurses.

CORRESPONDENCE.

Presentation to Mrs. Bedford Fenwick, Founder of the International Council of Nurses.

Dear Madam:—

As the members of the International Council of Nurses which met in London last July have now scattered to the four quarters of the globe, may I be permitted through the courtesy of "The Canadian Nurse" to thank all the Canadian nurses who so kindly subscribed to my International gift, to commemorate the founding of the International Council of Nurses.

Our president, Fraulein Agnes Karll, in notifying me of this generous token of professional friendship, asked me to select the gift, and with great pleasure I have chosen a fine old English silver salver of pure Chippendale design, made by the worthy silversmith, William Peaston, in the year 1752. It has been suitably inscribed and was recently presented to me by Miss Isla Stewart, Matron of St. Bartholomew's Hospital.

This beautiful testimonial—the first I have accepted during the twenty years I have been privileged to work publicly for the organization of the whole profession of nursing, will ever remain one of my most valued possessions, as symbolizing the goodfellowship and fine humanitarian feeling which are the inspiration of our International Council of Nurses.

With affectionate regard, I remain,

Yours faithfully,

ETHEL G. FENWICK.

The Mission House, Ethelbert, Man., Oct. 21, 1909.

To the Editor of the Canadian Nurse:

Dear Madam,—For some time past I have been intending to write an appreciation for publication in the Canadian Nurse, to the Alumnae Association of our alma mater, for their kindness in supplying our much-felt need of a magic lantern. But many things have conspired to prevent, among the number being the extra work in connection with the improvements which have been made on the Mission House this summer. Besides other additions we have had a small ward added and before the plaster was quite dry enough, we had a patient, who is still here, but leaving this week. We have had three at one time; at present there are two. So we have been busy, and I have procrastinated.

Our gratitude to the Alumnae Association of the T. G. H. is none the less sincere, however, though the expression of it has been delayed. The first public trial of the lantern was about three weeks ago, upon the occasion of the first meeting of the Boys' Clubs and the Girls' Sewing Class. Between sixty and seventy were present, all foreigners, and I wish you could have seen the delight of the children and the older ones also as each new picture was shown. Many of those present had walked four or five miles to see, and they certainly did enjoy the entertainment. We are hoping for great things this winter with that lantern, for our boys and girls.

A short time before the news of the gift reached me, I received $2 from

"a Sister Nurse," toward the purchase of the desired magic lantern. I have no means of thanking our anonymous friend except through the Canadian Nurse. Her gift is much appreciated, and, since the complete lantern was otherwise furnished, the $2 so kindly sent by my "Sister Nurse" will be used in the purchase of additional slides.

The twins are growing so quickly and are so full of life that they must be well.

I am, your sincere friend,

(Mrs. C. H. Monro.) ELENA MONRO.

Welland, Oct. 28th, 1909.

To the Editor of the Canadian Nurse:

Dear Madam,—I am very pleased to tell you about my work here. I was engaged by the Plymouth Cordage Company a year ago last February and this work seemed very attractive to me at that time. Since then I have found it more interesting than I anticipated. There are between three hundred and fifty and four hundred men and women employed in the mill and it is my duty to care for any sick member of the families of those employees and to report any unhygienic condition in their dwellings.

The company has provided comfortable homes for their employees and is always ready to attend to anything detrimental to the health of their people. There is a small emergency hospital at the mill for dressings and accident cases. This little room is furnished with everything necessary for emergency work. I have regular hours when I am there to give treatment and receive new patients. I call once a day on patients unable to leave their homes. Some of these are well cared for by other members of the family while others are entirely dependent on me for treatment and care.

There are a great many foreigners among the employees, principally Italians, who are always very grateful for assistance offered them.

The people are free to call upon me at any hour, day or night. Last year I reported fifteen accidents, thirteen contagious cases, fourteen obstetrical cases, one thousand four hundred and thirty-three house calls and five hundred and fifty-four cases at the mill.

I sincerely hope I have been able to give you some idea of our work here. Thanking you for the kind wishes expressed in your letter, I remain,

Yours respectfully,

M. O. BRADLEY.

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Brent, Superintendent Hospital for Sick Children, Toronto; Secretary, Mrs. House, Superintendent City Hospital, Hamilton.

The Canadian National Association of Trained Nurses.—President, Miss Snively, Toronto General Hospital; Sec.-Treas., Miss Shaw, General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Baikie, 25 Lorne Ave., Montreal; Cor. Secretary, Miss Colley, 133 Hutchison Street, Montreal.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill; Secretary, Miss Isabel Gauld, 375 Langside St.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Currie, 175 College St.; Cor. Secretary, Miss Edith Hargrave, 146 Winchester St.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Miss Margaret Carson; Sec.-Treas., Mrs. V. A. Lott.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss G. Morrison; Secretary, Miss J. E. Carr.

The Calgary Graduate Nurses' Association.—President, Miss Rutherford, 506 4th St. West.; Secretary, Miss Dewar, 824 8th Ave. West.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell, Supt. Isolation Hospital; Secretary, Mrs. Manson, 630 Sixth St., Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 81 First Avenue, Ottawa; Secretary, Miss Nellie E. Slack, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martignoni, Supt. of Nurses, Royal Alexandra Hospital; Sec.-Treas., Miss Trout, Harriston.

The Galt General Hospital Alumnae Assosciation.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman; Cor. Secy., Miss Aitken.

The London Victoria Hospital Alumnae Association.—President, Miss Hannah; Secretary, Miss Gertrude Armstrong, care Mrs. Judge, Dorchester.

The Kingston General Hospital Alumnae Association.—President, Mrs. Tilley, 228 Johnston St., Kingston; Secy.-Treas., Mrs. Nicol.

The Montreal General Hospital Alumnae Association.—President, Mrs. K. H. Brock; Cor. Secy., Miss Ethel Brown.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association.—Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Mrs. Downey, 554 College St.

The Toronto General Hospital Alumnae Association.—President, Miss Bowerman, 349 Sherbourne St.; Cor. Secy., Miss Ida L. Burkholder, 728 Spadina Ave.

The Toronto Grace Hospital Alumnae Association.—President, Mrs. Macquoid; Secretary, Miss Smith, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Miss Bowerman, 349 Sherbourne St.; Secretary, Miss Minnie Christie, 19 Classic Ave.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 608 Church St.; Cor. Secy., Miss B. Goodhall, 666 Euclid Avenue.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. McConnell; Cor. Secy., Miss Butchart, 19 Oxford St.

The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside Street.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1340 Barnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association.—President, Miss Roycroft, 1036 Haro Street, Vancouver; Secretary, Miss Jessie Hart, 2240 Westminster Ave., Vancouver, B.C.

The Victoria Graduate Nurses' Association.—President, Miss Keast, Carberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Mrs. Findlay.
First Vice-President—Miss Ellis.
Second Vice-President—Miss Tweedie.
Recording Secretary—Miss Neilson.
Corresponding Secretary—Mrs. Aubin.
Treasurer—Marion E. Hall, 18 Earl St.
Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Ave.; Edith Hargraves, 146 Winchester St.

Conveners of Committees:

Sick Visiting—Miss Kilgour.
Registration—M. E. Christie, 19 Classic Ave.
Programme—Mrs. Pellatt.
Social and Lookout—Miss Brereton.
Press and Publication—Mrs. Feeney.
Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.
Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President—Miss Brent.
President—Miss M. L. Barnard, 608 Church St.
First Vice-President—Miss M. Ewing, 569 Bathurst St.
Second Vice-President—Miss A. Robertson, 182 Walmer Road.
Recording Secretary—Miss Monk, 668 Ontario St.
Corresponding Secretary—Miss B. Goodall, 660 Euclid Ave.
Treasurer—Miss M. Wilson, 47 Brunswick Ave.
Directors—Miss E. Jamieson, 107 Roxborough St. West; Miss M. Haley; Mrs. Thomas, 64 Binscarth Road.
Convener of General Business Committee—Miss J. Hamilton, 262 Jarvis Street.
Press Representative—Mrs. Clutterbuck, Grace St.
Canadian Nurse—Miss L. McCuaig, 605 Ontario St.
Invalid Cookery—Miss M. Gray, 505 Sherbourne St.
Central Registry—Miss L. Barnard, 608 Church St.; Miss Fellows, 56 Madison Ave.
Sick Visiting Committee—Miss J. Hamilton; Miss M. Ewing; Miss M. Isaac, 45 Alexander St.

Meetings are held in the Nurses' Residence on the second Thursday in each month, and will the nurses kindly remember that the little Invalid Cook Book might make an acceptable Christmas present for some of their friends?

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

15th November, 1909.

The following ladies have received appointments as Staff Nurse:—Miss M. S. Mason, Miss E. J. French, Miss G. F. V. Temperley, Miss G. A. J.

Lloyd, Miss E. S. Killery, Miss E. Lowe, Miss N. Molloy, Miss R. M. Rooke.

Postings and Transfers.

Matrons.

Miss E. A. Dowse, R. R. C., to Egypt, from Military Hospital, Cottonera, Malta.

Miss M. Wilson, to the Alexandra Hospital, Cosham, from Military Hospital, Cork.

Sisters.

Miss K. M. Bulman, to Cambridge Hospital, Aldershot, on return from Malta.

Miss H. Hartigan, to Military Hospital, Cottonera, Malta, from Military Hospital, Valetta.

Miss M. R. Makepeace, to Military Hospital, Devonport, from Military Hospital, Cork.

Miss A. Rowe, to the Alexandra Hospital, Cosham, from Military Hospital, Devonport.

Miss L. E. C. Steen, to Military Hospital, Cork, from the Alexandra Hospital, Cosham.

Staff Nurses.

Miss M. S. Mason, to Royal Victoria Hospital, Netley, on appointment.

Miss E. J. French, to the Q. A. Military Hospital, Grosvenor Road, London, S.W., on appointment.

Miss N. Molloy, to Connaught Hospital, Aldershot, on appointment.

Miss G. F. V. Temperley, to Royal Herbert Hospital, Woolwich, on appointment.

Miss G. A. J. Lloyd, to Connaught Hospital, Aldershot, on appointment.

Miss B. M. Nye, to Military Hospital, Tidworth, from Royal Herbert Hospital, Woolwich.

Miss M. J. Hepple, to Military Hospital, Cottonera, Malta, from Military Hospital, Valetta.

Miss C. E. A. Harries, to Military Hospital, Colchester, from Connaught Hospital, Aldershot.

Miss R. M. Rooke, to Royal Herbert Hospital, Woolwich, on appointment.

Miss D. M. Smith, to South Africa, from Military Hospital, Shorncliffe.

Miss M. C. Watson, to Military Hospital, Cork, from Royal Herbert Hospital, Woolwich.

Miss I. M. Johnston, to Military Hospital, Chatham, from Royal Victoria Hospital, Netley.

Miss M. E. Medforth, to Royal Victoria Hospital, Netley, from Military Hospital, Chatham.

Arrivals.

Miss K. M. Bulman, Sister, from Malta.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton. Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Officers 1909-10.

President—Mrs. Currie.

First Vice-President—Miss E. Deyman, Hamilton.

Second Vice-President—Miss H. Hollingworth, St. Catharines.

Treasurer—Miss Mary Gray.

Recording Secretary—Miss Julia Stewart.

Corresponding Secretary—Miss Edith Hargrave.

Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell, Miss Donnelly, Miss Rogers, Miss Kennedy, Miss Irvine.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

The officers of Grace Hospital Alumnae Association for the year 1909 are as follows: President—Miss Devellin (by acclamation); First Vice-President—Miss McKeown; Second Vice-President—Miss McMillan; Secretary—Miss Allen; Treasurer—Miss Nixon (by acclamation); Board of Directors—Miss Canahan, Miss Mooney, Miss Soane, Miss Etta MacPherson and Miss Thompson; Social Committee—Miss Stratford, Miss Corrigan and Miss Webster; Sick Committee—Misses Irvine and Gibson; Convenor of Programme Committee—Miss McMillan; Convenor of Press and Publicity Committee—Miss Bell.

GUELPH ALUMNAE ASSOCIATION.

The October meeting of the Alumnae Association of the Guelph General Hospital was held at the home of the Secretary, Miss Margaret Walker.

The most interesting feature of the programme being a very instructive paper on "Nurses and Nursing," prepared by Miss Walker.

The meeting ended in a "social cup of tea," dainty refreshments being served by the hostess.

Hospitals and Nurses

A V. O. district has been opened at Grand Mere, Quebec.

The Lady Minto Hospital at Melfort was in very good condition.

The V. O. work in London is very satisfactory with the two nurses.

The V. O. Hospital at Shoal Lake is in good condition, after a very busy year.

The V. O. work in Toronto has increased rapidly, August being a banner month with 982 visits.

The V. O. work in Fort William is increasing so rapidly that the time has come when there should be a local Association of the Order there instead of only a district committee, which is a sub-committee of the Relief Society.

The Lady Minto Hospital, V. O., at New Liskeard has also had a very busy year, but the work has been well handled.

The Victorian Hospital, Swan River, was very busy. Everything was satisfactory under the new matron, Miss Offord.

The Winnipeg V. O. District is growing. The committee have just rented an apartment on Logan Avenue, which is an ideal spot for district nurses, near the field of their labors. A third nurse has been added to the staff.

The Indian Head V. O. Hospital is in a flourishing condition. The new Nurses' Home is very cosy and homelike and the grounds are beautifully laid out.

The work in the hospital at Yorkton is steadily increasing. The directors are planning to build a Nurses' Home. They have added an extra graduate V. O. nurse to the staff.

Brantford has added a second V. O. nurse to their staff to care for tubercular patients. Miss MacRitchie has received the appointment and begins work October 15th.

The following nurses were admitted to the Victorian Order: Misses Truslor, Patterson, Irene Smith, Marion MacLennan, Clementina Beamish, Annie Fraser, Scott, L. Warren and Bingham.

The Lady Minto Hospital at Minnedosa, which was opened last January, has had a very busy service from the beginning. The domestic problem is the difficult one, seemingly, in Manitoba. The new matron, Miss Moore, is managing affairs well, with the able support of the Board.

An extra nurse has been added to the V. O. Ottawa staff. Leave of absence for four months has been granted Miss Harding, District Superintendent at the Ottawa Home. Miss McCutcheon has been appointed substitute and Miss MacLennan has been appointed senior nurse in the Home. The work was very heavy during the summer.

The Victorian Hospital, North Bay, has had a very busy year. The directors are building a new wing, which is nearly completed. This will

make the hospital a fifty-bed one, will give better ventilation and will be much more convenient to work in than the original building. The whole building will be brick-veneered; the cost will be $15,000.

A post-graduate course in district nursing—four months—is given at are as follows: President—Miss Devellin (by acclamation); First Vice- one of the three training centres of the Victorian Order of Nurses at Ottawa, Montreal or Toronto. For full information, apply to the Chief Superintendent, 587 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Miss McRitchie, who has been appointed by the Victorian Order of Brantford to care for tubercular patients of that city, gave a short, interesting talk on the care of tubercular patients, before her committee. Miss McRitchie is well fitted to cope with this work, as she has had considerable experience in this branch of nursing in Saranac, and has seen the Class System of caring for incipient cases at work in Montreal where it has proved so very successful.

A local association of the Victorian Order of Nurses has been formed in Calgary. The appointment of the nurse who will have charge of that district will be made very soon.

The first public meeting of the Heather Club was held in the Nurses' Residence of the Hospital for Sick Children on Thursday, November 18th, at 8 p.m. A number of new members were added to the club and those present were most enthusiastic and interested in the work. The report of the secretary and treasurer was adopted with much satisfaction. Dr. Elliott gave a very interesting address and spoke a few words of encouragement to the members and expressed great satisfaction with the work that the club had been able to do. Dr. Adams also very kindly made a few remarks and altogether the meeting was most successful.

Miss E. H. Hardinge, District Superintendent of the Ottawa branch of the Victorian Order of Nurses, has been granted four months' leave of absence. She will spend the time in Jersey, Channel Islands.

Miss Eva J. Shanks has resigned her position in the hospital at Blind River and taken up private nursing in Sault Ste. Marie.

Miss Mabel Stanley, a graduate of the General Hospital, North Adams, Massachusetts, has been appointed Superintendent of the new hospital at Kincardine, Ontario, and will enter on her duties on December 1st.

The addresses given at the first annual meeting of the Nova Scotia Graduate Nurses' Association, held in Halifax a few weeks ago, were especially interesting and appropriate. Miss Pemberton occupied the chair, and the residence parlor of Victoria General Hospital was filled with nurses, the exercises being opened with prayer by Venerable Archdeacon Armitage. No profession, if we except that of the doctor, brings its members into such intimate familiar contact with suffering. None can be more blessed by the Creator, since its express business is that of ministration. In his opening prayer the Archdeacon made fine reference to the nurses' work. An admirable address of welcome by Mr. Kenney, superintendent of the Victoria

General Hospital, followed. He said: "As I stand here to welcome you who have gathered together on this, the occasion of the first general meeting of your association, to consider and discuss such matters and methods as will, if properly developed and applied, further aid you in an enterprise having its inception in the noble desire to more efficiently carry on that grand and glorious work of relieving human suffering and prolonging human life, I am conscious of mingled impulses of pride and pleasure—pride that our little province has quietly, it may be, yet by sure and steady steps, now reached that stage and strength in such numerical and professional equipment incident to your chosen vocation, as to enable it and you to organize an institution such as that of which this is the first regular meeting." Mr. Kenny was followed by Dr. Hattie, superintendent of the Nova Scotia Hospital for the Insane, who gave a very fine address. Dr. Murdoch Chisholm urged upon those present their duty in the matter of standing firmly for the dignity and the honor of their profession, and personally and individually illustrating their belief in it by maintaining the highest standards in their practice.

He referred to the fact that negligence of duty, carelessness, or lightness in the nurse, charged with keeping alive that flame which we call life and is the gift of God, may cause catastrophe in the sick room—how the catastrophe is ever waiting, like a thief in the night, to take advantage of ignorance or carelessness.

This was the first annual meeting of the Nova Scotia Graduate Nurses' Association. In May last the first steps toward organization were taken, and at intervals since then meetings have been held to perfect it, the officers for the ensuing year, recently elected, being as follows: President—Mrs. Wm. D. Forrest; Local Vice-President—Miss Pemberton; Vice-Presidents of the Association as a whole—First, Miss Sheraton, of New Glasgow; second, Miss Elliott, Kentville; third, Miss Simpson, Dartmouth; Treasurer—Miss McKeil; Secretary—Miss Kirk.

The annual meeting of the Alumnae Association, R. V. H., was held on the evening of October 13th. After the reading of minutes, all the officers for the past year were re-elected, and after considering plans for the coming meetings of the year, refreshments were served and a pleasant social half-hour spent by the members present.

Miss Gilmour (R. V. H.) who has been engaged in settlement work in New York for the past year, went to Newfoundland September 1st to take charge of a hospital recently established at Grand Falls.

Miss Henderson, formerly Lady Superintendent of the R. V. Hospital, Montreal, has gone to Richmond, Virginia, to take charge of Dr. Hodge's private sanitarium.

Miss Dora Burgoyne, a member of the Executive Committee, N. S. G. N. A., who has taken advantage of a very much enjoyed post-graduate course offered by the Floating Hospital for Infants, Boston, has returned to Halifax.

On October 12th, at St. Andrew's Church, Halifax, Miss Lilian Reeves, graduate and subsequently a head nurse of the Lowell (Mass.) Hospital,

was united in marriage with Dr. James Ross. Mrs. Ross has been an interested member of the N. S. G. N. Association.

Miss Margaret Ellis, graduate General Hospital, St. John, N.B., has been appointed to the staff of the V. O. at Halifax in succession to Miss H. B. Dodd, resigned.

The work of the Halifax Branch of the V. O. is rapidly increasing under the able superintendence of Miss Deacon, formerly Queen's Nurse in charge of the D. N. A., England. The services of a third nurse are urgently required and an appeal has been made to the city to contribute toward necessary expenses. Miss McKenzie, General Superintendent, paid her annual visit of Inspection on October 16th.

The graduating exercises of the Training School for Nurses of the Sarnia General Hospital were held in the Town Hall on Tuesday evening, the 19th of October, before a large and appreciative audience of the friends of the hospital and graduating nurses. After a brief programme and the presentation of diplomas and medals, an informal reception was held at which the nurses received the congratulations of their friends, refreshments being served by the ladies of the Hospital Aid Society, while some choice music was contributed by the orchestra. The graduating class comprised Miss Alice Robinson, Oil Springs; Miss Jessie Douglas, Strathroy; Miss Christena Fettes, Holstein; Miss Margaret McColl, Forest, and Miss Cecelia Pegley, Miss Sadie Wright, Miss Mary Parry of London. With the class this year the graduates of this hospital number sixty-two.

Good progress has been made during the past year by the Toronto Hospital for Incurables, the thirty-fifth annual meeting of which was held on October 29th. The chair was occupied by Sir William Mortimer Clark, and with him on the platform were Bishop Sweeney and the president, Mr. Ambrose Kent. The devotional exercises were conducted by Rev. Dr. as follows: Vandersmissen medal—Awarded to Miss Henderson, presented Cleaver, of Trinity Methodist Church. The chairman, in his address, referred and surroundings of a home as well. The Ontario Government and the City Council realized this when they granted $50,000 towards the completion of the new wing which was commenced four months ago. The report of the medical board was presented by Dr. W. T. Burns. During the past year, he said, nine patients had left the hospital greatly improved. There were at present 138 in the institution, and at the beginning of the year there were 141. Since then 31 deaths had occurred, and 37 new patients had entered the hospital. The meeting was closed with a few remarks from the president, Mr. Ambrose Kent, who referred to the death of the late Mr. H. C. Hammond, a member of the past board of management, and cited instances of his boundless generosity towards the hospital.

The annual meeting of the Alumnae Association of the Hospital for Sick Children Training School for Nurses, Toronto, was held in the Nurses' Residence on October 14th. The following officers were elected for 1909-10: President—Miss Barnard; First Vice-President—Miss Ewing; Second Vice-President—Miss Robertson; Recording Secretary—Miss M. Isaac; Cor-

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responding Secretary—Miss B. Goodall, 660 Euclid Ave.; Treasurer—Miss M. Wilson; Secretary for Invalid Cookery—Miss M. Gray, 505 Sherbourne St.; Directors—Miss Haley, Miss Jamieson, Miss Thompson; Press Representative—Miss Moodie; Central Registry—Miss Barnard and Miss Fellows; Canadian Nurse—Miss McCuaig. Miss Barnard, Miss Goodall and Miss Wilson were elected by acclamation. After the meeting was adjourned, Miss Brent very kindly entertained the members of the Alumnae together with the members of the graduating class, light refreshments being served, after which a meeting of the Heather Club was held. A report of the summer work was given, a nurse appointed to assist in visiting and reporting any cases needing care or clothing, and it was decided to look after a little boy now in the hospital.

At the first annual meeting of the Alumnae Association of the N. P. B. A. Hospital Training School for Nurses, Miss L. Whittaker, T. G. H., was made an honorary member.

The regular monthly meeting of the Alumnae Association of the Hospital for Sick Children was held in the Nurses' Residence on Thursday, November 11th. A large attendance was present and a number of new members were added to the Association. After the business was conducted, Miss Brent gave a very pleasing address which was followed by afternoon tea.

The Canadian Nurses' Association of Montreal was well represented at the Congress in London, ten of its members attending the meetings. They have lately returned to Montreal again and at the December meeting of the Association will, for the benefit of the members, give reports of their trip, hospitals visited and new ideas gained. We hope to give a report of this meeting later.

Miss Phillips, Recording Secretary of the Canadian Nurses' Association and Superintendent of the Foundling and Sick Baby Hospital, was the recipient of a beautiful watch bracelet from the Ladies' Committee of the hospital and at the same time received from the Medical Board a handsome bag. Miss Phillips, who is in her tenth year at the hospital, has done good work and we are glad to see it recognized.

The members of the Canadian Nurses' Association were invited to attend the annual meeting of the local Women's Council which took place on November 9th. The president, Miss Baikie, and several members of the Executive attended and were interested and instructed by the reports of the work of this influential body of women workers for the good of humanity in its widest sense, made up as it is of so many associated societies and organizations. The C. N. A. regards their affiliation with the Council in June as a step forward, the benefit of which will be mutual. After the meeting, tea was served and a pleasant half-hour spent.

The Board of Management of the Canadian Nurses' Association presented Mrs. Spence with a silver muffin dish and expressed their regret at losing so helpful a worker from their ranks. Mrs. Spence (nee Miss Gracia B. Ward) is a graduate of the Montreal General Hospital, class '93.

We are pleased to see Miss Gibson, of the Nurses' Home, Harriston,

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looking so well after her much needed rest. Miss Gibson has returned to work after spending a few days with friends in Stratford and Lucknow.

Miss M. E. P. Martinoni, late Superintendent of the Royal Alexandra Hospital, Fergus, Ont., and graduate of the same school, has been appointed Lady Superintendent of the Orthopedic Hospital and Training School for Nurses, Toronto. Miss A. M. Trout, of Harriston, graduate of the Royal Alexandra Hospital, Fergus, class '06, has been appointed Lady Superintendent of the same hospital and training school for nurses.

At the monthly meeting of the Alumnae Association of the Hamilton City Hospital, held on Tuesday evening, November 2nd, Dr. Holbrooke, of the Mountain Sanatorium, gave a very interesting and instructive address on tuberculosis. It is the intention of the Association to have a number of lectures given during the winter months.

Miss Mary H. Mackay, R.N., left for New York on November 1st to resume her work.

At the annual meeting of the Alumnae Association of the Toronto General Hospital Training School for Nurses, the following officers were appointed: President—Mrs. Findlay; First Vice-President—Miss Ellis; Second Vice-President—Miss Tweedie; Recording Secretary—Miss Neilson; Corresponding Secretary—Mrs. Aubin; Treasurer—Miss Hall; Convenors of Committees—Sick Visiting, Miss Kilgour; Registration, Miss Christie; Programme, Mrs. Pellatt; Lookout, Miss Brereton; Press and Publication, Mrs. Feeney.

Miss Buckels has been appointed Superintendent of the new Cobalt Hospital. Miss Buckels is a graduate of the Lady Stanley Institute, class of 1908, and has been head nurse at the Isolation Hospital, Ottawa, since then until leaving for her new duties in Cobalt.

A very vigorous campaign has been started among the merchants and business men of Lacombe, Alberta, to place the finances of the new hospital on a solid foundation. The small sum of $1 is being asked of young and old alike, and if the call is responded to, as it very well should be, the board of management will be able to start free of debt.

The Residence for Nurses in connection with the Hospital for Sick Children was the scene of a very pleasant gathering on October 21st when the annual graduating exercises took place. Speech-making, congratulations, etc., were all features in the ceremonies attending the presentation of medals, diplomas and prizes of the graduating class. There was a very large attendance and the guests were received by the trustees, the superintendent, Miss Brent, and several of her staff. Mr. J. Ross Robertson presided, and in an interesting address gave an account of the work of the training school, making special reference to the recent new features of the work. He spoke of the preliminary course, the diet kitchen, the visiting nurse, the nursery maid, the gymnasium and massage departments, the alumnae, the pasteurization of milk, etc. The number of our nurses who have graduated in the twenty-four years of the existence of the training school is 213. The Rev. F. G. Plummer gave a most excellent and inspiring address, setting forth the ideal

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nurse, and his kind words will long be remembered by the class of 1909. The medals and diplomas were presented to the graduating class by Professor McPhedran, who spoke most kindly of the work done by the nurses in the hospital. The class is as follows: Helena Daly, Holland Landing; Martha Monk, Toronto; Edith Joliffe, Clinton; Petron Adam, Lindsay; Kathleen MacKenzie, Petrolia; Gertrude O'Hara, Toronto; Eleanor Kerrigan, London; Catherine McLean, Maxville; Florence Phillips, Parry Sound. Miss Brent, the Superintendent, presented the prizes. Miss Catherine McLean received the first prize for general proficiency, and Miss Gertrude O'Hara the second prize for highest marks in examination. After the presentation of prizes the friends of the nurses, about 150, were received by Miss Brent and the chairman. Refreshments were served in the dining room. Afterwards the nurses had a dance, the evening drawing to a close about 12 o'clock.

At the regular monthly meeting of the N. S. G. N. A. on November 10th the members were briefly addressed by Miss Elliot, Lady Superintendent of Kentville Sanatorium, on the subject of recreation, after which extracts from published reports of the International Congress meeting held in London were read by the secretary. Both addresses and reading were well appreciated. This association now numbers thirty-nine members.

Miss Alice J. Scott, Superintendent of Grace Hospital, Toronto, has arranged a course of lectures for the nurses of the hospital, one of which was given last month by Rev. Principal Gandier of Knox College, on "Service." Dr. Gandier spoke of our personal service to the world not only in the artistic sense, but also in the vulgar sense, that is the service of the kitchen, quoting from Ruskin's "Sesame and Lilies," doing the ordinary everyday tasks for the sake of others. We are not to be degraded by our tasks, however lowly, but rather elevate them to our level; being able to do the ordinary things in an extraordinary way, not looking for extraordinary things and doing them in an ordinary way, taking for instance the poor old cobbler who believed that it was nobler and more to be desired to make a common pair of shoes in the very best way possible than compose a poor sermon. Dr. Gandier also referred to the great opportunities we as Christian nurses have in our daily contact with the sick and suffering, in bringing sympathy, aid and encouragement, rejoicing in self-denial, not for the sake of self-denial, but for the sake of benefiting others.

The regular monthly meeting of the Central Registry was held at Mrs. Downey's, 554 College Street, at 8 p.m. Monday, November 1st, seven members being present, Mrs. Downey, the Misses Argue, Kennedy, Fralick, Snodgrass, Ewing and Barnard. The minutes of the last meeting were read and adopted. Treasurer's report—Registry calls, 118; personal calls, 21; experienced calls, 6; hourly calls, 1; cancelled, 1; unanswered, 1; nurses on Registry to June 1st, 288; nurses joined since June 1st, 62; total, 350. Financial statement—October balance in savings, $760.19; current, 160.75; October fees, $215.00; charts, $1.00; total, $1,136.94; expenditure, $137.39; balance, $999.55. There was no election of officers as it was decided to retain the present officers for another year. The advisability of the Central Registry having nothing to do in obtaining untrained nurses for the medical

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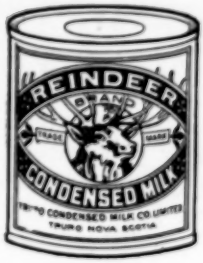

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men or the public, was discussed thoroughly, and it was thought wise, in future, to have no connection with them whatever, so that they will not be enabled to say they get their calls from the Central Registry, as so many have done. The registry is a registry for graduate nurses only. The subject of fees was also thoroughly discussed and it was thought advisable to set the fee for obstetrical cases at $21.00 a week. There will be some new constitutions printed shortly and each nurse belonging to the Registry will receive one and we hope that they will do their best to carry out the rules. There will also be a little booklet sent to the doctors with the names of the graduates and their schools, with a page for fees, so that the doctors may know what a nurse should charge. The meeting then adjourned till the first Monday in December.

The annual graduation exercises of Grace Hospital Training School for Nurses were held October 29th in the Metropolitan Assembly Hall, which is situated across the road from the hospital itself. The proceedings included a reception held by the superintendent, Dr. Edith Beatty, and the principal of the school, Miss Scott. Refreshments were served and a dance for the younger people concluded the programme. In the absence of Mr. E. R. Wood, chairman of the Board of Governors, Colonel Sir Henry Pellatt presided. Lady Pellatt had also consented to present the diplomas to the members of the graduating class, and in doing so spoke a few words of congratulation and encouragement to them. Vocal solos were given during the evening by Mrs. Palmer, and one on the 'cello by Mr. Paul Hahn, all of which were very much enjoyed.

The Grace Training School at the hospital itself is conducted in a high state of efficiency. Nurses who pass through it receive a training under Miss Scott, as those did who were under her predecessor, Mrs. Currie, which is second to that which is given in no other hospital in the country. Grace has many warm friends whose interest may always be counted upon in its behalf. The Board of Governors have under contemplation an enlargement which will be proceeded with when certain preliminary considerations have received proper attention.

The principal address of the evening was that by Dr. C. J. Hastings to the thirteen members of the graduating class. It was full of interesting information and stimulating encouragement from which not alone the nurses might profit, but all others who were present as well. Ven. Archdeacon Cody was on the platform and presented two of the prizes. In presenting to each of the graduates on behalf of the Board of Governors the usual parting gift of a $20 gold piece, Mr. J. E. Atkinson referred briefly to the satisfaction which the Board takes in the condition of the school and the hospital, and expressed the governors' good-will and good wishes toward the nurses who year after year at the end of their period of training go out from the walls of the hospital to follow a profession which is the noblest to which women may devote themselves.

After the diplomas were presented by Lady Pellatt, prizes were awarded as follows: Vandersmissen medal—Awarded to Miss Henderson, presented

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Following are the members of the graduating class: Mary Elsie Henderson of Rockton, Edith Rilla Snider of Elia, Ont., Margaret McKinnon of Toronto, Bertha Fowlie Russell of Georgetown, Evelyn Roberta Smith of Perth, Elizabeth May Blackwell of Toronto, Christina McPhail of Sault Ste. Marie, Mabel E. Pearen of West Toronto, Mary Edna Kate Allison of Adolphustown, Agnes Thomson of Toronto, Clara Edith Cunningham of Ashburnham, Elizabeth Lillian Furlong of Albany, N.Y., and Mina Marion Carruthers of Avening.

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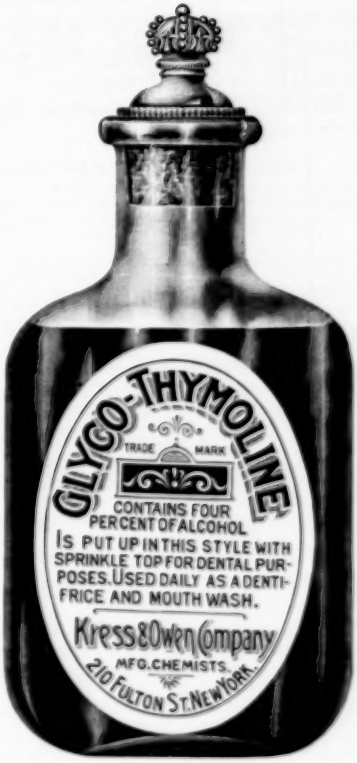
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Ross-Benner.—At Toronto, on October 20th, 1909, Miss Victoria M. Benner (graduate Toronto Western Hospital) to Mr. Oliver Ross of Toronto.

Le Gallais-McGie.—On July 21st, 1909, at St. John's Church, Montreal, by the Rev. Arthur French, Laura M. McGie (R. V. H.) daughter of D. B. McGie, Esq., Port Daniel, Que., to Rev. Frederick G. Le Gallais, Danville, Que.

The Nurses' Library

The December "Delineator" keeps up the high standard of the year. Kipling, Nathan Straus, Evangeline Booth, Andrew Carnegie and John D. Rockefeller have all "taken up their pens" for it.

"Secret Remedies," published for the nominal cost of one shilling by the British Medical Association at 429 Strand, London, W.C., is a book that no doctor can afford to do without. It tells what these cheats cost and what they contain. Nurses need it almost as much as doctors. It is a splendid book of reference.

"World-Wide" (John Dougall & Son, Montreal) is one of our best exchanges. Nurses will find it always interesting and so wide in its sympathies that no convalescent patient will complain that there is nothing interesting to him—or her—in it.

"How to Rest and be Rested," by Grace Dawson. London: William Rider & Son, Ltd., 164 Aldersgate St. E. C. This red-bound little book is a clever effort to show nervous people how to rest. It is well written and well expressed, and if the patient only has enough "brains" to mix with the instructions, it will help.

"The Production and Handling of Clean Milk," by Prof. Kenelm Winslow, M.D., and H. W. Hill, M.D. New York: W. R. Jenkins Co., Sixth Avenue. "Pure Milk and the Public Health." By Prof. A. R. Ward of the University of California and Prof. M. E. Jaffa of the University of California. Ithaca: Taylor & Carpenter. These two works on milk are certainly invaluable. The first is the most complete work we know, and this, the second edition, is practically a new book. Besides, Dr. Hill's collaboration is of great importance. We unhesitatingly recommend this book. Prof. Ward's book is chiefly intended as a manual of milk and dairy instruction. It is practical, and might be placed in the hands of any dairyman, alderman or intelligent citizen with the confident feeling that nothing but a great deal of good would come out of a careful reading of it. It is a splendid book.

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